Appendix IV.A – IV.F

Chapter 4.0 Appendices

Data Collection and Analysis for Generating Procedure-Specific Practice Expense Estimates (HCFA Contract No. 500-95-0009)

April 30, 1997

Prepared for
Health Care Financing Administration
Office of Research
Mail Stop C-3-1626
7500 Security Boulevard
Baltimore, MD 21244-1850

Prepared by
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Appendix IV.A – IV.F

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55 Wheeler Street
Cambridge, MA 02138

List of CPEP Participants from Round II of CPEPs

CPEP 1 Integumentary and Physical Medicine

CPEP Participant Name	Nominating Society
Botten, Linda, OTR Bozeman, MT	American Occupational Therapy Association
Cohen, Jeffrey L., MD Hartford, CT	American College of Surgeons
Erwin, James H., MD Wheaton, IL	American Academy of Physical Medicine & Rehabilitation
Freedberg, Irwin M., MD New York, NY	American Academy of Dermatology American Society for Dermatologic Surgery
Kerch, Lotchie M., DPM Seattle, WA	American Podiatric Medical Association
Kirmes, William J., DO Manchester, NH	American Academy of Osteopathy American Osteopathic Association
Resnick, Jeffrey I., MD Santa Monica, CA	American Society of Plastic & Reconstructive Surg
Ross, Donald D., DC Huntsville, AL	American Chiropractic Association
St. John, Vernell, BA Schaumburg, IL	American Academy of Dermatology American Society for Dermatologic Surgery
Taylor, Jessica A., FPSA Houston, TX	American Academy of Facial Plastic & Reconst Surg
Tetrault, Gerry, RN Coralville, IA	American Academy of Dermatology
Welker, Mary Jo, MD Columbus, OH	American Academy of Family Physicians

List of CPEP Participants from Round II of CPEPs

CPEP 2 Male Genital and Urinary

CPEP Participant Name	Nominating Society
Card, Dennis, MD Concord, NH	American Urological Association
Heinemeier, Irene S. Reno, NV	American Urological Association
Lawrence, Maureen Concord, NH	American Urological Association
McGee, George E., MD, FACS Hattiesburg, MS	American Society of General Surgeons
Ratliff, Thelma J. Winchester, VA	American College of Physicians American Society of Internal Medicine
Senese, Victor, RN Oak Lawn, IL	American Urological Association

List of CPEP Participants from Round II of CPEPs

CPEP 3 Orthopaedics

CPEP Participant Name	Nominating Society
Barrow, John P. Indianapolis, IN	American Association of Neurological Surgeons
Bright, Robert, MD Baltimore, MD	American Academy of Pediatrics
Coleman, William, MD, PhD Scottsboro, AL	American Academy of Family Physicians
Friedman, Mel, MD Owings Mills, MD	American Academy of Orthopaedic Surgeons
Ouzounian, Tye, MD Tarzana, CA	American Orthopaedic Foot and Ankle Society
Smith, David J., MD, FACS Ann Arbor, MI	American Society of Plastic & Reconstructive Surg
Smith, Linda, L. Columbus, OH	American Podiatric Medical Association
Smith, Lloyd S., DPM Newton, MA	American Podiatric Medical Association
Taleisnik, Julio, MD Orange, CA	American Society for Surgery of the Hand
Tamler, Martin S., MD Royal Oak, MI	American Academy of Physical Medicine & Rehab American Association of Electrodiagnostic Medicine

List of CPEP Participants from Round II of CPEPs

CPEP 4 OB/GYN

CPEP Participant Name	Nominating Society
Braun, Mary Ann, RNC, MSN, OGNP Washington, DC	American College of Obstetricians & Gynecologists
Harris, Daniel L., CMPE Phoenix, AZ	American College of Obstetricians & Gynecologists
Korb, Elizabeth G., CNM, MSN Asheville, NC	American College of Obstetricians & Gynecologists
Long, Doug, MD E. Boothbay, ME	American Academy of Family Physicians
Molenaar, C. Richard Springfield, MA	American College of Obstetricians & Gynecologists
Moore, Glenn I., MD Lexington, KY	American College of Obstetricians & Gynecologists
Smith, Robert N., MD San Francisco, CA	American College of Obstetricians & Gynecologists
Tozzo, Pellegrino J., MD New Rochelle, NY	American Urological Association

List of CPEP Participants from Round II of CPEPs

CPEP 5 Ophthalmology

CPEP Participant Name	Nominating Society
Ashburn, Frank S., MD Washington, DC	American Academy of Ophthalmology American Society of Cataract and Refractive Surg American Society of Ophthalmic Registered Nurses
Biglan, Albert W., MD Pittsburgh, PA	American Academy of Ophthalmology American Society of Cataract and Refractive Surg American Society of Ophthalmic Registered Nurses
Dobbs, Mary St. Louis, MO	American Academy of Ophthalmology American Society of Cataract and Refractive Surg American Society of Ophthalmic Registered Nurses
Dungan Applegeet, Carol, RN, MSN, CNOR, FAAN Denver, CO	American Nurses Association Association of Operating Room Nurses
Kontis, Theda, MD Owings Mills, MD	American Academy of Facial Plastic & Reconstructive Surgery
McPeak, Nancy, RN, BSN Glasgow, KY	American Academy of Ophthalmology American Society of Cataract and Refractive Surgery American Society of Ophthalmic Registered Nurses
Parrino, Jean P., COT New Albany, IN	American Academy of Ophthalmology American Society of Cataract and Refractive Surgery American Society of Ophthalmic Registered Nurses
Sharp, Robert H., OD Atlantic, IA	American Optometric Association
Tenney, Teresa, A. Providence, RI	American Optometric Association
Williams, George, MD Royal Oak, MI	American Academy of Ophthalmology

List of CPEP Participants from Round II of CPEPs

CPEP 6 Radiology

CPEP Participant Name	Nominating Society
Copeland, Lanny, MD Moultrie, GA	American Academy of Family Physicians
Forsythe, John, RDMS, RDCS, RVT San Diego, CA	American Institute of Ultrasound Medicine
Hauser, J. Bruce, MD Roanoke, VA	American College of Radiology Radiological Society of North America
Huurman, Walter W., MD Omaha, NE	American Academy of Pediatrics
Ibbott, Geoffrey S., PhD Lexington, KY	American Association of Physicists in Medicine
Jacobson, Jeffrey M., MD Cleveland, OH	American Academy of Pediatrics
Landau, Les M., DO Kirksville, MO	American College of Osteopathic Surgeons
McKusick, Kenneth, MD, FACR, FACNP Boston, MA	American College of Nuclear Physicians American Society of Nuclear Medicine
Miale, Pat, MD, FACNP Ft. Lauderdale, FL	American Society of Nuclear Medicine
Ring, Ernest J., MD San Francisco, CA	American College of Radiology Radiological Society of North America Society of Cardiovascular & Interventional Radiolo
Rose, Christopher, M., MD, FACR Burbank, CA	American Association of Physicists in Medicine American College of Radiology American Society for Therapeutic Radiology and Onc Radiological Society of North America
Sawchuk, Peter L., MD, MBA Green Pond, NJ	American College of Emergency Physicians
Tierney, James E. Minneapolis, MN	American College of Radiology Radiological Society of North America
Wexler, Lewis, MD Stanford, CA	American Heart Association
Wuerstle, Thomas J. Erie, PA	Mobile X-Ray Providers of America

List of CPEP Participants from Round II of CPEPs

CPEP 7 Evaluation and Management

CPEP Participant Name	Nominating Society
Backstrom, Ima Lou, CMA Fayetville, AR	American Association of Medical Assistants
Bagley, Bruce, MD Latham, NY	American Academy of Family Physicians
Bishop, Michael D., MD, FACEP Bloomington, IN	American College of Emergency Physicians
Bower, Bruce F., MD Hartford, CT	American Association of Clinical Endocrinologists
Busis, Neil A., MD Pittsburgh, PA	American Academy of Neurology American Association of Electrodiagnostic Medicine
Hetrick, Edward New City, NY	American Society of Hematology
Hill, Emily, PA-C Galax, VA	American Academy of Family Physicians American Academy of Physician Assistants
Lareau, Suzanne, RN, MS, Loma Linda, CA	American Thoracic Society
Massey, Pamela Rand, PT, MSA Houston, TX	American College of Rheumatology
McKibben, W. Jeanne, MD Oberlin, OH	American College of Physicians American Society of Internal Medicine
Murphy, Patricia A., PsyD. Terre Haute, IN	American Psychological Association
Sullivan, Michael Tacoma, WA	Infectious Diseases Society of America
Vanchiere, Charles, MD, CEO Lake Charles, LA	American Academy of Pediatrics
Woodcock, Elizabeth W., FACMPE Chartlottesville, VA	American College of Physicians American Society of Internal Medicine

List of CPEP Participants from Round II of CPEPs

CPEP 8 General Surgery

CPEP Participant Name	Nominating Society
Ascher, Nancy, MD, PhD San Francisco, CA	American Society of Transplant Surgeons
Bardon, Patricia, RN Grand Rapids, MI	American Society of Colon and Rectal Surgeons
Dodd, Patricia, CST South Portland, ME	Association of Surgical Technologists
Gage, John, MD, FACs Pensacola, FL	American College of Surgeons
Levine, Mark A., MD Englewood, CO	American College of Physicians American Society of Internal Medicine
Mabry, Charles, MD, FACS Pine Bluff, AR	American College of Surgeons
Opelka, Frank G., MD New Orleans, LA	American Society of Colon and Rectal Surgeons
Rhodes, Nancy M., MPH Philadelphia, PA	Society of Thoracic Surgeons
Rholl, Kenneth, MD Alexandria, VA	American College of Radiology
Senagore, Anthony, MD Grand Rapids, MI	American Society of Colon and Rectal Surgeons
Wadle, Ronald W., DO, FACOS Livonia, MI	American College of Osteopathic Surgeons

List of CPEP Participants from Round II of CPEPs

CPEP 9 Otolaryngology

CPEP Participant Name	Nominating Society
Anglin, Terry, MBA Oklahoma City, OK	American Academy of Otolaryngology - HNS
Bradley, Joel Jr., MD Clarksville, TN	American Academy of Pediatrics
Crotty, David W., DO Santa Rosa, CA	American Academy of Osteopathy American Osteopathic Association
Ellison, Cynthia Nashville, TN	American Speech, Language and Hearing Association
Pollock, Kimberley J., RN, MBA Dallas, TX	American Academy of Otolaryngology - HNS
Rietz, Robert, MD, MBA Brookings, SD	American Academy of Otolaryngology - HNS American Speech, Language and Hearing Association
Taylor, Charles R., MS Springfield, MO	American Academy of Otolaryngology - HNS
Towne, Bradford, DMD Montpelier, VT	American Association of Oral and Maxillofacial Surgeons
Wilbers, James E., MBA Cincinnati, OH	American Academy of Otolaryngology - HNS

List of CPEP Participants from Round II of CPEPs

CPEP 10 Miscellaneous Internal Medicine

CPEP Participant Name	Nominating Society
Berendes, Jerry Marshfield, WI	American Academy of Neurology American Association of Electrodiagnostic Medicine American Electroencephalographic Society American Society of Electroneurodiagnostic Technol
Blayney, Douglas W., MD, FACP Glendora, CA	American Society of Clinical Oncology
Fischer, Thomas J., MD Cincinnati, OH	American College of Allergy & Immunology International Association of Allergy & Clinical Immunology Joint Council of Allergy, Asthma & Immunology
Fleming, David, MD Moberly, MO	American College of Physicians American Society of Internal Medicine
Gerald, Melvin, MD Washington, DC	American Academy of Family Physicians
Green Lawrence, MD Chester, PA	American Academy of Neurology American Association of Electrodiagnostic Medicine American Electroencephalographic Society American Society of Electroneurodiagnostic Technology
Kuchins, Anne, GNP Flushing, NY	American Geriatrics Society
Lloyd, Robert, MD Chevy Chase, DC	American College of Rheumatology
Paganini, Emil P., MD Cleveland, OH	American Society of Nephrology Renal Physicians Association
Ratkin, Gary A., MD St. Louis, MO	American Society of Hematology
Wright, Jean A., MBA, MD Atlanta, GA	American Academy of Pediatrics

List of CPEP Participants from Round II of CPEPs

CPEP 11 Gastroenterology

CPEP Participant Name	Nominating Society
Bolan, Kevin C., RPA-C Newcomb, NY	American Academy of Physician Assistants
Chally, Cecil, MD Minneapolis, MN	American Gastroenterological Association
Chapman, Elaine M., RN Tempe, AZ	Society of Gastroenterology Nurses & Associates
Corley, Sarah T., MD Arlington, VA	American College of Physicians American Society of Internal Medicine
Fleming, Patricia R. Greensboro, NC	American Association of Nurse Anesthetists
Klish, William, MD Houston, TX	American Academy of Pediatrics
Lockhart, Ann, RN, MN New Orleans, LA	American Society of Colon and Rectal Surgeons
Smith, Melody, RN Decatur, IL	American College of Physicians American Society of Internal Medicine
Turner, Thomas C. New Orleans, LA	American College of Gastroenterology
Zeman, Robert K., MD Washington, DC	American College of Radiology

List of CPEP Participants from Round II of CPEPs

CPEP 12 Cardiothoracic and Vascular

CPEP Participant Name	Nominating Society
Anderson, Richard Powell, MD Seattle, WA	Society of Thoracic Surgeons
Applebaum, Harry, MD Los Angeles, CA	American Pediatric Surgical Association
Byrnes, John Francis, PA-C Maitland, FL	Society of Thoracic Surgeons
Little, Alexander G., MD Las Vegas, NV	Society of Thoracic Surgeons
Mayer, John E., MD Boston, MA	Society of Thoracic Surgeons
Oblath, Robert, MD Encino, CA	International Society for Cardiovascular Surgery Society for Vascular Surgery
Tatken, Greta E., Annandale, VA	Society of Thoracic Surgeons

List of CPEP Participants from Round II of CPEPs

CPEP 13 Cardiology

CPEP Participant Name	Nominating Society
Bateman, Timothy M., MD, FACC Kansas City, MO	American College of Cardiology
Gottdiener, John, MD Washington, DC	American Society of Echocardiography
Hamill, Stephen C., MD Rochester, MN	North American Society of Pacing and Electrophysiology
Laskey, Warren K., MD, FACC Baltimore, MD	American College of Cardiology
McKay, H. Brent, CPA, MBA Little Rock, AR	American College of Physicians American Society of Internal Medicine
Murphy, Mary Houston, TX	American College of Cardiology
Picard, Michael, MD Boston, MA	American Society of Echocardiography
Prystowsky, Eric, MD Indianapolis, IN	North American Society of Pacing and Electrophysio
Tidwell, Melissa Orlando, FL	American College of Cardiology
Williams, Anne Michelle, MD, FACS Glasgow, MT	American College of Surgeons

List of CPEP Participants from Round II of CPEPs

CPEP 14 Anesthesiology/Pathology

CPEP Participant Name	Nominating Society
Bauer, Stephen N., MD Carmichael, CA	College of American Pathologists
Beutler, Jeffrey M., CRNA Grand Rapids, MI	American Association of Nurse Anesthetists American Society of Anesthesiologists
Cohen, Neal H., MD, MPH San Francisco, CA	American Society of Anesthesiologists
Gamble, William G., MD, FACS Minneapolis, MN	American College of Surgeons
Johnstone, Robert E., MD Morgantown, WV	American Society of Anesthesiologists
Klein, Laurence, MD Washington, DC	American College of Physicians American Society of Internal Medicine
Larson, Sherry R., MHA, CEO Orlando, FL	College of American Pathologists
Martin, Scott A., MD St. Louis, MO	College of American Pathologists
Pomerantz, Anlouise, HT Orlando, FL	College of American Pathologists
Rowlingson, John, MD Charlottesville, VA	American Society of Regional Anesthesia
Venters, Lynda F., MBA, FACMPE Albuquerque, NM	American Society of Anesthesiologists
Wills, Randy F., MBA Cambridge, MA	College of American Pathologists

List of CPEP Participants from Round II of CPEPs

CPEP 15 Neurosurgery

CPEP Participant Name	Nominating Society
Anderson, Kristen, MA Houston, TX	American Academy of Neurology American Electroencephalographic Society American Society of Electroneurodiagnostic Technology
Blaylock, Kevin, CPA Oklahoma City, OK	American Association of Neurological Surgeons
DeLano, Michael, CST/CFA Hot Springs, SD	Association of Surgical Technologists
Doll, Kay V. Lexington, KY	American Association of Neurological Surgeons
Florin, Robert, MD Whittier, CA	American Association of Neurological Surgeons
Kusske, John, MD Laguna Hills, CA	American Association of Neurological Surgeons
Marek, Richard, MD Albuquerque, NM	American Academy of Family Physicians
Roski, Richard, MD Davenport, IA	American Association of Neurological Surgeons

Subspecialty Representation at Round II CPEPs

	CPEP	CPEP Participant Name	Subspecialty Nominating Society
CPEP1	Integumentary and Physical Medicine	John Zitelli, MD	American College of Mohs Micrographic Surgery and Cutaneous Oncology
CPEP4	Obstetrics and Gynecology	Kathryn Honea, MD	American Society of Reproductive Medicine
CPEP4	Obstetrics and Gynecology	Carolyn Runowicz, MD	Society of Gynecologic Oncologists
CPEP4	Obstetrics and Gynecology	Shauna Spencer	National Abortion Federation
CPEP5	Ophthalmology	Michael Hettinger, MD	Eye Bank Association of America
CPEP6	Radiology	Robert Zwolack, MD, PhD	Society for Vascular Surgery
CPEP8	General Surgery	Nelson Burton, MD	Society of Thoracic Surgeons
CPEP8	General Surgery	Latham Flanagan, MD	American Society for Bariatric Surgery
CPEP10	Miscellaneous Internal Medicine and Other Services	R. Bart Sangal, MD	American Sleep Disorders Association

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Memo

To: Clinical Practice Expert Panel Members
From: Abt Principal Investigator
Abt Project Director
Date: May 20, 1996
Subject: Briefing materials for upcoming CPEP meeting

Your Clinical Practice Expert Panel (CPEP) will reconvene at the BWI Marriott in Baltimore on Monday and Tuesday, June 3rd and 4th. Please review the enclosed documents as they will detail the content and structure of the meetings. This information includes:

- **Summary of Extrapolation Method** - a description of the approach that will be used at the upcoming meeting to extrapolate from the reference service resource profiles to the rest of the services within the family.
- **Grouping of CPT Codes by Family** - a listing of CPT codes and their descriptions, as they are grouped into clinically homogenous families.
- **Equipment and Supply Grids** - for each family, a listing of the items used in the performance of the reference service, presented in a format suitable for extrapolation to the rest of the services within the family. If possible, please review these grids prior to arriving at the Baltimore meetings. Panel familiarity with the extrapolation material will help expedite the process considerably.
- **Ground Rules and Guidelines for Developing Service-Specific Profiles** - This includes definitions of the roles of various attendees as well as guidelines for the panel process.

In addition, we want to thank those CPEP members who reviewed and submitted the reference service data from the first round of CPEP meetings. We carefully reviewed all CPEP member comments. Suggested changes to the reference service data were made only in cases where it was clear that the recording of information was in error. Suggested changes that require a consensus agreement (e.g., increasing/decreasing time estimates, reallocating time estimates among different staff types) were not incorporated, but can be raised for discussion at the CPEP meetings in June when we initiate extrapolation discussions for the service family in which the reference service resides. Should you have any questions about the meetings, please contact (*Abt Contact*) at (*Abt Contact Phone Number*). Thank you again for your continued participation on this project. We look forward to seeing you on June 3rd and 4th.

OVERVIEW OF THE EXTRAPOLATION METHOD FOR ROUND 2 OF THE CPEPs

Data Collection and Analysis for Generating Procedure-Specific Practice Expense Estimates

Introduction

Under contract to the Health Care Financing Administration, Abt Associates Inc. is developing resource-based practice expense values for the services in the Medicare Fee Schedule (MFS). As part of the project, the first round of Clinical Practice Expert Panels (CPEPs) were conducted in February, 1996, during which profiles of direct clinical and administrative resources were developed for a set of "reference services." Each of the 229 service families contained in the classification system of CPT-4 codes (developed in an earlier phase of the project) has a reference service[1]. In the second round of CPEP meetings to be held in June, 1996, the work of the panels will focus on extrapolation of the reference service resource profile to all CPT codes in the service family, for each family within each CPEP. The reference service data collected during round one will serve as the baseline profile for each family, and the panels will identify differences in resource requirements for the extrapolated codes at a level that is more aggregated than was used in the first round of CPEP meetings. This paper provides an overview of the methodology that will be employed during the June extrapolation meetings. Please take some time to familiarize yourself with the process. Successful implementation of this process will require that all participants have an understanding of the approach.

Labor

The labor extrapolation will be performed in two basic steps, with the first activity implemented prior to the CPEP and the remaining activities being performed during the two-day meetings.

Step 1: Review reference materials (enclosed in this mailing) prior to meeting
Step 2: Identify and arrive at consensus on key drivers

Each of these steps is described below.

Step 1: Review reference materials and identify potential key "drivers"

Definition: "Drivers" are characteristics that differentiate groups of CPT codes from the reference service within a family. For example, in a pilot test of the extrapolation process, physicians noted that for some surgical service families, the number of post-discharge office visits is the key driver of practice expense differences within the family. This observation allowed the participants to group the services in a family into sub-groups, each of which contained services with the same number of

[1] There are a small number of families which contain two reference services.

post-discharge office visits. The resource profile for each sub-group was defined to be that of the reference service, plus (or minus) the resources required to deliver the greater (lesser) number of office visits. In this example, post-discharge office visits was identified as the key driver. Similarly, the presence or absence of malignancy is another potential driver, as is the degree of pre-surgical authorization required.

Please review the enclosed material, keeping in mind the task of identifying the key drivers or factors which determine practice expense differences:

- A complete listing of the CPT-4 codes within your CPEP, arranged in family order and sorted by CPT code within each family and,

- Information on each procedure that may assist you in identifying additional key drivers for each family (e.g., physician intra-service time, number of post-operative visits).

Please bring the above documents with you for further discussion at the CPEP meeting along with recommendations for other key drivers for each family.

Step 2: Identify and arrive at consensus on the key drivers of labor time for each family

One of the initial tasks during the first day of the CPEP meeting will involve arriving at consensus among the CPEP members on the key drivers that distinguish sets of codes within a given family. Using the data provided in the briefing package, as well as discussing potential drivers that CPEP members may suggest, the panel will arrive at consensus on the critical factors, or drivers, that affect resource use. This will require that the panel address a number of questions for each family:

- Are the labor requirements for each code in this family the same as for the reference service?

- If the requirements are different from those of the reference service then the following questions will be addressed:
  - what is it about the codes with different requirements that determines the differences (e.g., cancer-related, number of post-discharge visits)?
  - can you categorize the codes into sub-groups that are highly similar in these dimensions?
  - can you provide increments (or decrements) to the labor time of the reference service for each of the sub-groups (by staff type and function)?

These questions will help us to identify and come to consensus on the key distinguishing features between sets of codes within a family, as well as provide the different time requirements by staff type for the extrapolated codes. See Attachment A for a sample worksheet of extrapolated staff times.

Equipment and Supplies

Extrapolation of equipment and disposable supplies will be completed in "grids." The grids will be tables that contain supply (or equipment) items along the vertical axis and service periods along the horizontal axis (See Attachment B and C). All panelist will receive the grids prior to the meetings.

Guidelines/Ground Rules for Extrapolation

Moving Codes. If agreed upon by the CPEP, codes will be allowed to move from one family to another family *within the CPEP*. CPEPs must extrapolate all codes in their CPEP, regardless of their familiarity with the codes.

Code-specific Extrapolation. It is important that to the extent possible the panel stay focused on *groups, or sub-families*, of codes, rather than individual codes. The level of detail and effort required when addressing specific individual codes is inefficient. The objective of the extrapolation is to focus on groups of codes that are similar in their resource use along one or more dimensions (e.g., number of post-operative visits, cancer-related codes, intra-service time, etc.)

Sub-specialty Input. There are specific codes in each family that are performed by specialists other than the CPEP members (e.g., hand surgeons vs. general orthopaedic surgeons). We will be obtaining input from sub-specialists for the relevant codes by allowing participation at the CPEP meetings by sub-specialists for specific sub-sets of codes.

Extrapolation Example

CPEP # _____

Family # _____

Example of information panel may provide

HCPCS	Description	'94 Vol	% in office	% Fam chgs	Global Period	Post-op Visits	Hsiao Physician Intra Time (min)	Site of Service In/Out/Both	Staff Intra time (in comparison to reference service) IN office	Staff Intra time (in comparison to reference service) OUT office	Revised # of post-op visits
1		2	0	0	90	3	70	I	+15		5
* 2		46,739	1.2	46.5	90	1	45	B	37	0	1
3		2,678	1.8	3.1	90	2	65	O		0	2
4		829	1.3	0.8	90	2	71	O		0	3
5		3,998	1	6.6	90	3	80	B	+5	0	3
6		2,498	1.5	5.4	90	2	25	B	-20	0	3
7		25,556	1.2	23.6	90	1	80	I	+15		2
8		5,423	1.5	5.4	90	1	30	O		0	3
9		2,102	1.9	2.3	90	2	80	B	+15	0	3
10		1,662	1.4	2	90	5	75	I	+20		3
11		2,457	1.2	2.6	90	2	30	I	-20		3
12		766	1.2	0.9	90	2	80	O		0	1
13		728	1.2	0.9	90	2	25	I	-20		3
14		47	0	0.1	90	2	137	O		0	2
15		9	22.2	0	MMM	0		B	+5	0	0

* reference service

Driver =	Number of Post-Op Visits	The reference service has 1 post-op visit, therefore add the appropriate number of post-op visits to each extrapolated service based on the difference between the number of post-op visits for each service and the number of post-op visits for the reference service. i.e. The reference service, code # 2, has 1 post-op visit: Code # 1, an extrapolated service, has 5 post -op visits. Therefore, 4 additional post-op visits (5-1=4) should be added to code # 1.

Driver=	Intra service time	Extrapolated clinical service time for services performed in the office is equal to the reference service procedure time (intra time G1) plus or minus intra G1 time for the extrapolated services. i.e. Reference service, code # 2, has 37 minutes intra time. Code # 1, an extrapolated service, should have an additional 15 minutes of time added, for a total intra time of 37+15=52 minutes.

Supply Example

Reference Service
Family #_____

Group:

ITEM	Reference Service		*In office*						*Out of office*					
	IN	OUT	Pre Service GO	Intra Service (G1, P1, M1	1st POV	2nd POV	Final POV	TOTAL	Pre Service GO	Intra Service (G1,P1, M1)	1st POV	2nd POV	Final POV	TOTAL
Acetone Pads	2	2												
Cotton Balls	4	2												
Dental Needle														
Denver splint	1													
Gauze 4X4														
Smelling Salts	1	1												
Syringe	5cc													
Xylocaine	20cc	10cc												
Emesis Basin	1	1												
Gloves	4 pr													
Goggles	1													
Gown	3	1												
Pillow cover	2	1												
Suction Tubing	2	1												

Equipment Example

Codes	Reference Service	6	7	3	3	5	8	7	8	8	10	14	12	14	14	15
	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT
Exam Chair	X X															
Headlight	X X															
SMR Chair	X X															

Glossary of Terms Used in Family Listing of CPT Codes

HCPCS	Codes selected from the 1995 Medicare Fee Schedule published by HCFA (*Federal Register* Vol. 59, No. 235, electronic version).
'94 Vol	Total 1994 Part B Medicare volume for the procedure.
% in Office	Percent of the procedure's 1994 Part B Medicare volume that was performed in an office setting.
% Fam Chgs	The procedure's 1994 Part B Medicare allowed charges as a percent of the total allowed charges for the family.
Expected Sites	The sites of service for which the service is to be costed, based on the "10% rule" (i.e., a service should be costed for a site if that site accounted for 10% or more of 1994 Medicare volume).
Global	The 1995 Medicare Fee Schedule Global Period for the procedure, in days. Values of MMM, XXX, YYY, and ZZZ indicate that there is no global period, or that the concept of a global period does not apply to the procedure.
Post Op Visits	Number of post-operative office visits, according to AMA RUC five-year review recommendations (where available) or the Hsiao Phase III study (where five-year review data are not available).
Intra Time	Intra-service physician time, according to the Hsaio study.

Shading indicates the reference service(s) for the family.

CPEC 1 **Integumentary and Physical Medicine**

Family **Nail Procedures** **Total Family Charges** **$293,648,893**

HCPCS	*Description*	*1994 MC Volume*	*% in Office*	*% Fam Chgs*	*Expected Sites*		*Global Period*	*Post-op Visits*		*Intra Time*			
11700	Debridement of nails, manual; five or less	3,295,037	60%	26%	IN	OUT	000	0		7			
11701	Debridement of nails, manual; each additional, five or less	2,972,079	60%	17%	IN	OUT	ZZZ	0		5			
11710	Debridement of nails, electric grinder; five or less	1,614,074	67%	13%	IN	OUT	000	0		7			
11711	Debridement of nails, electric grinder; each additional, five or less	1,421,751	67%	7%	IN	OUT	ZZZ	0		5			
11730	Avulsion of nail plate, partial or complete, simple; single	1,229,041	74%	20%	IN	OUT	000	0		22			
11731	Avulsion of nail plate, partial or complete, simple; second nail plate	218,906	70%	3%	IN	OUT	ZZZ	0		20			
11732	Avulsion of nail plate, partial or complete, simple; each additional nail plate	18,288	84%	0%	IN	OUT	ZZZ	0		20			
11750	Excision of nail and nail matrix, partial or complete, (eg., ingrown or deformed nail) for permanent removal;	269,415	90%	12%	IN		010	1		15			
11752	Excision of nail and nail matrix, partial or complete, (eg., ingrown or deformed nail) for permanent removal; with amputation of tuft of distal phalanx	4,843	64%	0%	IN	OUT	010	1		25			
11755	Biopsy of nail unit, any method (eg, plate, bed, matrix hyponychium, proximal and lateral nail folds) (separate procedure)	1,536	59%	0%	IN	OUT	000	0		32			
11760	Repair of nail bed	7,458	59%	0%	IN	OUT	010	1		33			
11762	Reconstruction of nail bed with graft	2,337	75%	0%	IN	OUT	010	1		60			
11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)	49,876	75%	1%	IN	OUT	010	1		24			

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Instructions for Completing the Equipment and Supply Grids

The enclosed grids will be used during the extrapolation process to record equipment and supply needs for the services in each family for your CPEP. To the extent feasible, please review and complete the grids prior to arriving at the Baltimore meetings.

General Instructions: Whenever possible, services in a given family should be grouped into "like" procedures. The enclosed equipment and supply grids are designed to accommodate such sub-groupings but can, if necessary, be used to identify the resources for a single procedure. For each family there is a listing (printed on legal-size paper) of all items identified as necessary for the provision of the reference service. Enclosed with each packet are copies of blank grids printed on 8½ x 11-sized paper with columns corresponding to general aspects of a medical procedure (e.g., pre-service, intra-service, and post-operative office visits). These are designed to be an overlay to the legal-sized equipment and supply grids (align the top right edges). Each 8½ x 11 page is designed to capture the equipment or supply needs for a particular sub-group of services (as defined by the panelists) within the same family as the reference service. **Copy as many of the blank grids as needed to accommodate the number of sub-groups within each family.** The equipment and supply needs of these sub-groups should be compared to those of the reference service and usage of each item should be noted in the appropriate columns.

Note that at the bottom of each list of equipment or supply items for a reference service there are lines labeled "Pack." When possible, we will identify during the meetings a list of items that are commonly used for a multitude of procedures and label them a "pack". For example, panelists may identify a list of supplies commonly used during excisions or the treatment of lacerations. If possible, please consider the potential composition of such packs. We will compile lists of items for each pack during the meetings and refer to them during the extrapolation process. Past pilot tests of the extrapolation process have shown that such an approach significantly simplifies and expedites the process.

Supplies: CPEP members should complete the grids (including the addition of new supply types) by reporting quantities of supplies in the table cells for the pre-service visit, intra-service time, and all post-operative office visits. If it is more convenient to consider supplies required for the provision of all aspects of the service, panelists may instead indicate the total quantities for each supply in the "total" column. Please note that the supplies listed for the reference service correspond to the total quantities required for all aspects of the provision of that service (e.g., all pre-service, intra-service, and post-operative needs).

Equipment: For equipment, the cells should simply be checked when the listed piece of equipment is used for a specific service. If additional pieces of equipment not listed for the reference service are used for the extrapolated codes, then these should be added to the list and the appropriate columns should be checked. Again, panelists may find only the "total" column necessary for recording equipment usage for the various services within a family. Please do not feel obligated to complete the grid for every aspect of the provision of a service if this is not appropriate or convenient.

Should you have any questions regarding the use of the equipment and supply grids, please contact (*Abt Contact and Phone Number*).

Reference Service: 11730-REMOVAL OF NAIL PLATE **GROUP:**
Medical Equipment
Family: 100

	ITEM	IN	OUT		IN Office						OUT of Office					
					Pre Service (G0)	Intra Service (G1, P1, M1)	1st POV	Subseq. POV	Final POV	Total	Pre Service (G0)	Intra Service (G1, P1, M1)	1st POV	Subseq. POV	Final POV	Total
1	exam table	X		1												
2	exam light	X		2												
3	electrocautery			3												
4	laser			4												
5	smoke evacuator			5												
6	electrocautery			6												
7	smoke evacuator			7												
8				8												
9	**Additions:**			9												
10				10												
11				11												
12				12												
13				13												
14				14												
15				15												
16				16												
17				17												
18				18												
19				19												
20				20												
21				21												
22				22												
23				23												
24				24												
25				25												
26				26												
27				27												
28	**Pack:**			28												
29				29												
30				30												
31				31												
32	**Pack:**			32												
33				33												
34				34												
35				35												

Reference Service: 11730-REMOVAL OF NAIL PLATE **GROUP:**
Disposable Medical Supplies
Family: 100

	ITEM	IN	OUT		*IN Office*						*OUT of Office*					
					Pre Service (G0)	Intra Service (G1, P1, M1)	1st POV	Subseq. POV	Final POV	Total	Pre Service (G0)	Intra Service (G1, P1, M1)	1st POV	Subseq. POV	Final POV	Total
1	sterile field	1		1												
2	paper drape	1		2												
3	peroxide	squirt		3												
4	silver nitrate stick	1		4												
5	paper towels			5												
6	non sterile gloves	1		6												
7	sterile gloves	1		7												
8	tourniquet	1		8												
9	xylocaine	3cc		9												
10	ointment	1 dab		10												
11	sterilizer packets	2		11												
12	soap (hibiclens)	1 oz		12												
13	needles for syringe	2		13												
14	needle for electro-surgical devic	1		14												
15	bandage	1		15												
16	mask	2		16												
17	cotton swabs	2		17												
18	1 scalpel 20 or 15 size	1		18												
19	autoclave tape			19												
20	3 cc syringe			20												
21	alcohol wipes	2		21												
22	ethyl chloride is added to suture			22												
23	gauze, both 4x4 and 3x3	15 tota		23												
24	kling	1		24												
25	exam table paper	1 shee		25												
26				26												
27	gel foam	dab		27												
28				28												
29	**Additions:**			29												
30				30												
31				31												
32	**Pack:**			32												
33				33												
34				34												
35				35												

Group:

	IN Office					OUT of Office				
	Pre Service (GO)	Intra Service (G1, P1, M1)	1st POV	Subseq. POV	Final POV	Pre Service (GO)	Intra Service (G1, P1, M1)	1st POV	Subseq. POV	Final POV
1										
2										
3										
4										
5										
6										
7										
8										
9										
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GROUND RULES AND GUIDELINES

Goal of the CPEP meeting:

To provide HCFA with estimates of the resources needed to provide each service. We will arrive at consensus on extrapolated values, based on reference service values, for codes or groups of codes within each family.

Substantive:

1. Focus on PRACTICE EXPENSES and not WORK (see Attachment A for inclusions/exclusions guidelines):

   - practice expenses are relevant only if they are incurred by the practice

2. Moving Codes

   - if agreed upon by the CPEP, codes will be allowed to move from one family to another family *within the CPEP.* CPEPs must extrapolate all codes in their CPEP, regardless of their familiarity with the codes.

3. Code-specific Extrapolation

   - it is important that to the extent possible the panel stay focused on *groups, or sub-families,* of codes, rather than individual codes. The level of detail and effort required when addressing specific individual codes is inefficient. The objective of the extrapolation is to focus on groups of codes that are similar in their resource use along one or more dimensions (e.g., number of post-operative visits, cancer-related codes, intra-service time, etc.)

4. Changing Reference Service Values

   - changes to the reference values will only be considered if the CPEP unanimously agrees.

5. Role of CPEP members:

   - each CPEP member is acting as an expert in his/her field

   - CPEP members are not representing their medical societies, but are to present their judgement about practice expenses from the perspective of their own practices and their knowledge of typical practice

   - the function of the CPEP members who are not the primary providers of the reference service is to act as independent assessors of the resource estimates suggested, to ask questions to ensure validity and reality, and to add their own clinical judgement

6. Role of Sub-specialty Representatives:

   - provide input on relevant codes that are performed by the sub-specialist.

7. Role of Society Observers:

   - explain data that may have been included

   - serve as a resource to the entire CPEP process

8. Role of Abt Moderator:

   - keep the pace moving

   - help group decide when they are stuck (using the process defined below)

   - ensure that all panel members participate and have the opportunity to speak (do not let one member dominate)

   - maintain a neutral role regarding content matters, but actively assist in managing group processes

9. Role of Abt/HCFA Floater:

   - serve as a resource for technical issues and questions across all CPEPs

   - provide assistance in resolving particularly difficult consensus discussions

10. Role of Recorders:

   - check participants and observers in at the door

   - enter consensus data into laptop/worksheet

   - take notes about general discussion, particularly on disagreements and justifications for consensus values

Process:

1. Start and end sessions on time

2. Take breaks only at designated times (to avoid the 'busybody syndrome" - people coming and going during the course of the meeting to take phone calls, etc.); the group may decide when each break is warranted

3. Respect all contributions and contributors - divergent views are encouraged

4. Allow only one person to speak at a time

5. In order to minimize interruptions during the CPEP meetings, communication among CPEP members and Society Observers during the sessions is limited to written notes and messages. Society Observers can communicate verbally to CPEP members only during the designated breaks.

6. Disagreements should not become personal.

7. Resolution of conflicts: in cases where consensus cannot be reached in a reasonable time frame, *agree to disagree* and move on. Before attempts to obtain consensus are abandoned, outlier opinions should be excluded if they keep the panel from reaching consensus. In situations where consensus is not achieved, the views of each CPEP member will be recorded and analyzed subsequent to the CPEP meeting.

Attachment A:
Guidelines for Inclusion/Exclusion

Resource Profiles

SHOULD:	*SHOULD NOT:*
1. Include activities most commonly ***not*** performed by physicians as defined by Medicare (MDs, DOs, ODs, Psychologists, Chiropractors, Dentists, Podiatrists).	1. Include activities most commonly performed by physicians as defined by Medicare.
2. Be based on recent, accepted clinical practice.	2. Be based on outmoded clinical practices or new practices that have yet to be adopted by most providers.
3. Be based on the typical patient across all age groups.	3. Be based on an unusually easy or difficult case. Nor should resource estimates be based only on the Medicare population.
4. Reflect the practice's variable costs. Variable costs include costs of resources directly attributable to performing a particular service.	4. Reflect the practice's overhead costs. Overhead costs include fixed expenses of the practice and are not directly related to a specific service. These costs are the focus of the Survey of Practices. Examples of resources that are part of overhead costs, but are often mistaken as part of variable costs include: • Standby time • Time to transport/courier patient test results/specimens • Time to restock supplies • Quality assurance activities • Employee training
5. Reflect time required to perform service-specific functions by ***support staff*** who are typically employed or contracted by a practice and who cannot bill separately. Examples of support staff include: •Registered nurses(RNs) •Licensed Practical Nurses (LPNs) •Medical Secretaries •Receptionists •Technicians	5. Include time spent performing service-specific functions by staff, who are employed and paid by a hospital, nor time spent by fellows or physicians. Reflect time spent on service-specific functions by staff who bill separately for their services through the physician work component. Since these staff bill through the work component of the fee schedule, they are not considered part of practice expenses. Staff who can bill separately include: •Certified Registered Nurse Anesthetists (CRNAs) •Clinical Social Workers(CSWs) •Chiropractors •Dentists •Doctors of Osteopathy •Nurse Midwives (NMs) •Nurse Practitioners (NPs)/ Clinical Nurse Specialists (CNSs) •Optometrists •Podiatrists •Physical/Occupational Therapists (PT/OTs) •Physician Assistants(PAs) •Physicians •Clinical Psychologists(CPs)
6. Include medical equipment, with acquisition cost > $500, that is purchased or leased by practice and that is used in the direct provision of a given service.	6. Include any medical equipment owned or provided by a hospital, nor any non-medical capital items (e.g., office computers and software, photocopiers, or desks) .
7. Include disposable medical supplies that are purchased by practice and that are used in direct provision of a given service.	7. Include any medical supplies purchased or provided by a hospital.

IV.F: 106 Services Profiled by Follow-Up Interviews

IV.C: Rd II Sample Mailing to New CPEP Participants

IV.D: Rd II Ground Rules and Guidelines

IV.E: Rd II Prioritization Listings

Abt Associates Inc.
55 Wheeler Street ■ Cambridge MA 02138-1168 ■ (617) 492-7100

Memo

To: New Clinical Practice Expert Panel Members
From: Abt Principal Investigator
Abt Project Director
Date: May 20, 1996
Subject: Briefing materials for upcoming CPEP meeting

Thank you for agreeing to participate in the second round of Clinical Practice Expert Panel (CPEP) meetings. Your CPEP will convene at the BWI Marriott in Baltimore on Monday and Tuesday, **June 3rd and 4th**. Enclosed you will find documents providing information for the upcoming CPEP meetings. This information includes:

- **Overview of the Clinical Practice Expert Panels -** a thorough description of the CPEP process.
- **Overview of Practice Expense Project and Summary of Round I CPEP Process -** a *brief* overview of the CPEP process and the Round I CPEP meetings.
- **Summary of Extrapolation Method** - a description of the approach that will be used at the upcoming meeting to extrapolate from the reference service resource profiles to the rest of the services within the family.
- **Grouping of CPT Codes by Family** - a listing of CPT codes and their descriptions, as they are grouped into clinically homogenous families.
- **Equipment and Supply Grids** - for each family, a listing of the items used in the performance of the reference service, presented in a format suitable for extrapolation to the rest of the services within the family. If possible, please review these grids prior to arriving at the Baltimore meetings. Panel familiarity with the extrapolation material will help expedite the process considerably.
- **Ground Rules and Guidelines for Developing Service-Specific Profiles** - This includes definitions of the roles of various attendees as well as guidelines for the panel process.

All new panelists should read the document titled "Overview of Practice Expense Project & Summary of Round I CPEP Process, May 7, 1996." Also, the summary of the Extrapolation Methodology contains valuable information for both new and continuing panelists. Please review these two documents and the equipment and supply grids before arriving at the meetings. The remaining materials are designed to be used as references. Please bring all enclosed documents with you to the meeting.

Should you have any questions about the meetings, please contact (*Abt Contact*) at (*Abt Contact Phone Number*). Again, thank you for your participation on this project. We look forward to seeing you on June 3rd and 4th.

Data Collection and Analysis for Generating Procedure-Specific Practice Expense Estimates

HCFA Contract No. 500-95-0009

Overview of Clinical Practice Expert Panels (CPEPs)

December 15, 1995

Abt Associates Inc.

IV.F: 106 Services Profiled
IV.D: Rd II Ground Rules and Guidelines
IV.E: Rd II Prioritization Listings

1.0 INTRODUCTION

1.1 Background

In response to the Omnibus Budget Reconciliation Act of 1989 (OBRA-89), in 1992 the Health Care Financing Administration (HCFA) began phasing in the Medicare Fee Schedule (MFS). The MFS defines a predetermined payment for physician services that is based on three components: physician work, practice expense, and malpractice insurance costs. A relative value unit (RVU) is assigned to each of these three components. To determine the Medicare payment for a service, these RVUs are summed and multiplied by a geographic adjustment factor (GAF) and by a conversion factor, which translates the total RVUs into a dollar amount.

The physician work relative value units included in the MFS were developed using a resource-based approach that reflects the physician resources required to provide each service. However, under the original legislation enacting the Fee Schedule, the relative values for the practice expense and malpractice cost components were determined based on historical charge data predating the MFS. As a result, in the Social Security Act Amendments of 1994, Congress mandated that the Secretary of Health and Human Services "...develop a methodology for implementing in 1998 a resource-based system for determining practice expense relative value units for each physician service" covered by Medicare. In response to this legislation, HCFA issued a Request for Proposals and selected Abt Associates Inc. to conduct the study, "Data Collection and Analysis for Generating Procedure Specific Practice Expense Estimates." The objective of this project is to collect and analyze data on the practice resource requirements of providing MFS services. These data will be used to develop revised practice expense RVUs that represent the actual resources used to provide each service.

Abt will provide HCFA with databases that include all information collected through this study. In 1996, HCFA intends to award multiple contracts to further analyze these data and enable other health services researchers to test alternative methods for estimating physician practice expense RVUs. Ultimately, the payment revisions will be determined by HCFA after soliciting public comment in a Notice of Proposed Rulemaking. These changes are mandated by law to take effect January 1, 1998.

1.2 Overview of Approach

Abt, in conjunction with HCFA, has developed a two-pronged approach to collect data on the costs that make up practice expenses: overhead and variable costs.[1] During the first half of 1996, we will conduct a survey of 5,000 practices to collect data on aggregate practice expenses. These survey data will be used to help allocate the overhead costs to individual services. Information necessary for generating *variable* cost estimates for each service will be generated by the Clinical Practice Expert Panels (CPEPs) that are the subject of this overview.

Each CPEP will meet twice. During their first meeting, they will develop resource profiles that specify the inputs, (e.g. medical supplies, clinical personnel) required to provide selected *reference services*. These reference services have been selected from 229 service families into which MFS services are grouped. During a second meeting, CPEP members will develop variable cost estimates for the remaining codes in each family by extrapolating from the reference service cost estimates. The resulting variable costs will be added to the service-specific overhead costs (derived from the survey results) to determine the total practice costs of each MFS service. The project's process for developing service-specific practice expense is depicted in Exhibit 1.

1.3 Input from the Medical Community

Considerable effort has been devoted to secure participation from the medical community in designing this data collection approach. Abt has formed a Technical Expert Group (TEG), comprised of researchers and physicians, who have provided technical direction to the project. A Clinical Practice Expert Panel-Technical Expert Group (CPEP-TEG), composed of active clinicians and practice administrators, has also met to advise Abt and HCFA on all facets of the CPEP design and process. In addition, HCFA has organized two public meetings for medical societies, and throughout various stages of this project Abt has provided over 125 medical societies the opportunity to provide comments and recommendations on the following key aspects of the project:

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[1]Overhead costs include those fixed expenses that are incurred in the operation of the practice as a whole and are indirectly related to the provision of the service, such as rent and utilities. Variable costs include those expenses that are directly attributable to performing a particular service, such as nurse wages and medical supply costs. Thus, for a given service, the total practice expense equals the sum of the practice-wide overhead costs, allocated to the service-specific level, and the variable costs of providing that service.

- The practice expense survey;
- The grouping of MFS services into service families;
- The grouping of service families into CPEPs;
- Selection of reference services;
- Worksheets to collect variable practice expense data; and
- Nominations for CPEP membership.

The input obtained from all of these groups has been instrumental in devising the approach for the project.

In the sections that follow, we describe the structure of the CPEPs and how the CPEPs will function to develop variable cost estimates. Section 2.0 describes the structure and composition of the CPEPs. The primary functions of the CPEPs and process for convening the first panel are explained in Section 3.0.

2.0 Structure and Composition of the CPEPs

The MFS contains over 6,000 services for which the CPEPs must develop variable cost estimates. To facilitate this task, Abt developed a classification system that organizes the MFS services into clinical and resource homogenous groups. These groups, referred to as service families, were, in turn, assigned to specific CPEPs. The classification system (described in detail in the Technical Appendix) resulted in 229 unique service families assigned across 15 CPEPs.

Some families have been assigned to more than one CPEP to provide built-in validation of the resource and variable cost estimates that will be developed by these panels. Evaluation and Management (E&M) service families, which are common to the entire medical community, are both grouped in an E&M services CPEP and assigned across all CPEPs to obtain data from a broad representation of specialties. A complete listing of all CPEPs and their total service family assignments is presented in Exhibit 2.

Clearly, detailed resource requirements cannot be completed for all services in the MFS. Therefore, a reference service from each service family was identified for which detailed resource profiles will be developed. In a second set of CPEP meetings, the practice expenses of the remaining codes in each family will be estimated by extrapolating from the reference services.

Reference services were selected using criteria determined after consultation with the CPEP-TEG:

- Commonly performed (i.e high volume and high Medicare allowed charges relative to the other services in the family);
- Mid-range level of resource usage relative to other services in the family;
- Little or no change in definition or coding application over the last several years; and
- Little variation across physicians in the way the services are performed.

BMAD and other data were used to identify the specialties which provide the services in each CPEP, as well as to identify the percent of a specialty's services performed within each CPEP. Both of these factors were considered in determining the optimal composition of the CPEPs. In addition, several other factors were considered in formulating the CPEP composition. The CPEPs are structured such that no panel has a substantial majority of its representation from a single specialty. In addition, a primary care provider and a surgeon were assigned to each panel. We have also attempted to ensure that different types of practice staff (i.e. physicians, practice administrators, and other clinicians) are included on each CPEP. Similarly, we have attempted to achieve appropriate cross-specialty representation as well as geographic and practice type variation. Such broad representation will ensure that different practice characteristics are considered when defining the resource requirements for the reference services.

3.0 CPEP RESPONSIBILITIES

In providing input to the variable cost estimation process, the CPEPs will be asked to perform three primary tasks:

- Develop service-specific resource profiles for the reference services (Meeting 1);
- Extrapolate reference service variable cost estimates to the remainder of the codes in each family (Meeting 2); and,
- Validate the practice costs derived for all MFS services (mail review).

3.1 First CPEP Meeting to Develop Resource Profiles

Abt has developed standardized worksheets to ensure that the various inputs are enumerated in the resource profiles. The worksheets are designed to collect data on the number of minutes spent on clinical and administrative functions by practice support staff. They also collect information on utilization of medical equipment and disposable medical supplies. In preparation for the first CPEP meeting, we are asking panel members to complete these worksheets for the reference services assigned to their CPEP.

The panel discussions will be structured and moderated by senior Abt Associates staff to achieve consensus among participants regarding the resource profiles for each reference service. Discussions will be directed at understanding and resolving any initially divergent views in order to ensure the agreement of all panel members. CPEP members' prior exposure to the worksheets and the types of data needed to develop resource profiles for each service should facilitate the consensus-building process. Abt has also provided over 125 medical societies with the opportunity to complete the worksheets.[2] Abt will prepare summary tables depicting the results of the data collected from both the CPEP members and the medical societies. These summary data will help to promote initial discussions at the panel meetings.

We expect that CPEP members will each enter the panel meetings with a perspective based on his/her own practice. The moderator will facilitate group discussions toward a consensus description of the "*typical*" resources required to render the service. In addition, panel members will be reminded to base their resource estimates on *recent* clinical practice.

3.2 Additional Functions of the CPEPs

Abt will collect standard prices (wages and supply prices) of the inputs specified in the resource profiles for each reference service. These prices will be applied to the data on resource profiles provided by the first CPEP meetings to compute variable cost estimates for all of the reference services. The extrapolation process conducted during the second CPEP panel meeting

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[2] In HCFA's public meetings several medical societies raised concerns about the scope of representation on each CPEP, given that each of the 15 CPEPs can accommodate only 8-17 participants. In an effort to broaden the scope of data reviewed during each CPEP, Abt and HCFA decided to provide the societies with the opportunity to complete the worksheets and submit data on whichever reference services they deem relevant. The approach to collecting these data was left to the discretion of each society, allowing each organization to develop its data collection strategy based on both concerns of pragmatism and validity.

will require CPEP members to evaluate the variable costs of the remaining services within each group relative to the reference service for the family.

Abt will subsequently combine the resulting variable cost estimates with the service-specific overhead cost estimates derived from the survey of medical practices to calculate the total practice costs of each MFS service. The CPEP members will be asked to complete the final task of reviewing the total practice expense determined for each service, focusing particularly on the cost relationships across services.

3.3 Schedule of CPEP Activities

The schedule of the CPEP activities that were described in section 3.1 and 3.2 is listed below.

CPEP Summary Schedule

Panel	Schedule
First Series of CPEP Meetings	February 1996
Second Series of CPEP Meetings	May 1996
Validation Activities (completed via mail review)	January 1997

Exhibit 2:

Summary of Clinical Practice Expert Panels

CPEP	Description	Unique # of Service Families[3]	Total # of Service Families[4]
1	Integumentary and Physical Medicine	12	17
2	Male Genital and Urinary	19	23
3	Orthopaedics	24	29
4	Obstetrics and Gynecology	18	22
5	Ophthalmology	16	19
6	Radiology	17	19
7	Evaluation and Management and Other Services	15	19
8	General Surgery	25	36
9	Otolaryngology	16	22
10	Miscellaneous Internal Medicine and Other Services	17	22
11	Gastroenterology	8	12
12	Cardiothoracic and Vascular Surgery	9	16
13	Cardiology	14	19
14	Anesthesiology and Pathology	9	10
15	Neurosurgery	10	14

[3] The classification of MFS services into service families and CPEPs resulted in the creation of 229 mutually exclusive and exhaustive clinical and resource homogenous service family groupings assigned across 15 CPEPs.

[4]For validation purposes, certain service families have been assigned to multiple CPEPs resulting in 299 service family assignments allocated across the 15 CPEPs.

TECHNICAL APPENDIX

A1.0 BACKGROUND ON CPEP STRUCTURE AND COMPOSITION

To formulate the Clinical Practice Expert Panels (CPEPs), Abt completed the following steps:

- Identified all services in the MFS to be included in the analysis;
- Grouped clinical- and resource-homogeneous services into service families;
- Assigned related service families to appropriate Clinical Practice Expert Panels (CPEPs);
- Selected a reference service from each family that would serve as the benchmark for estimating variable costs for the remaining codes in each family; and,
- Identified individuals to serve as CPEP members.

Each of these steps was performed with extensive input from HCFA medical staff, Abt's clinical consultants, the TEG and CPEP-TEG, as well as numerous medical societies. Below, we describe in greater detail how these steps were implemented in defining the CPEPs.

A1.1 IDENTIFYING SERVICES TO BE GROUPED

To determine the specific set of service codes for which practice expenses will be measured, Abt consulted with staff in HCFA's Bureau of Policy Development. The HCPCS coding system has three levels, level 1 CPT-4 (numeric codes), level 2 (alphanumeric national codes), and level 3 (alphanumeric local codes). All HCPCS level 1 and level 2 codes[5] are designated by HCFA with a status indicator, which shows whether the HCPCS code is in the fee schedule, and whether it is separately payable if the service is covered. Of the 8,538 services with status codes, the following codes are currently used:

A= Active code (5,875 codes)

B= Bundled into another service (41 codes)

[5] Except for enteral and parental therapy, durable medical equipment, orthotics, and temporary codes for non-physician services or items.

C= Carrier-priced (161 codes)

D= Deleted codes (134 codes)

E= Excluded from the fee schedule by regulation (437 codes)

G= Not valid for Medicare (29 codes)

H= Deleted modifier (1)

N= Non-covered service (140 codes)

P= Bundled or excluded codes (107 codes)

R= Restricted coverage (482 codes)

T= Injections (4 codes)

X= Exclusion by Law (1,160 codes)

HCFA concluded that the practice expenses for selected services with status indicators A (5,873), B (3), C (45), G (4), N (30), R (39), and T (4), as well as 253 anesthesia codes, which are paid under a separate fee schedule, were to be evaluated as part of this project. Therefore, in total, there are 6,251 codes that will be valued in this study. Approximately 850 of these codes have technical/professional component modifiers that will require analysis of their separate components.

A1.2 Grouping Services into Service Families

Abt, in conjunction with HCFA, has developed a method for categorizing these services into useful groups (called families) for analysis. The services have been grouped into service families based upon the following criteria:

- The codes in each family have relatively comparable variable costs;
- The codes within a family are clinically related, to the extent necessary and feasible (to ensure that panelists are familiar with all or most of the services in a family, such that constructive discussions will be possible);

- Assignment of services to families is based only on HCPCS/CPT-4 coding, rather than patient or physician-specific factors (so that unique HCPCS code payment rates are defined); and,

- Each family has a reasonable/manageable number of services that will undergo extrapolation.

In addition to these criteria, to the extent possible, codes assigned to a family are performed predominantly in the same setting (e.g., simple skin procedures all performed in ambulatory settings.)

In order to properly implement the criteria, Abt initially combined and modified portions of two existing classification systems: the Ambulatory Patient Groups (APG) system developed by 3M and the Berenson-Eggers-Holohan (Urban Institute) system.[6] Abt applied the useful elements of these two systems, as well as the criteria listed above, to arrange the MFS services into appropriate service families. This initial classification system was reviewed by Abt staff to verify that all codes identified for inclusion in this study were accounted for and assigned into families. HCFA clinical staff, Abt's clinical consultants, as well as over 125 medical societies, also reviewed the initial classification system to determine the extent to which services had been grouped based on resource and clinical homogeneity. Many modifications were incorporated into the system based upon their feedback, including reassigning codes to families, merging families with similar codes, and dividing families that contained a wide range of services into smaller groups for analysis.

A1.3 Assigning Service Families to CPEPs

In order to organize the families defined by Abt's classification system into a format

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[6]Each of these systems has advantages and disadvantages for the purposes of classifying services into families. The APG system, with nine major categories and 297 APGs, is useful to the extent that it groups procedures performed on an outpatient basis according to resource and clinical homogeneity. However, it does not take into account the practice resources of inpatient services and classifies evaluation and management (E&M) codes by diagnosis. Conversely, the BEH system, which collapses CPT codes into over 100 categories, assigns inpatient and E&M services into groups of services with similar clinical characteristics and resource requirements that could be incorporated in a meaningful classification scheme for estimating practice expenses.

useful for analysis, related service families were assigned to CPEPs. The following guidelines were used to define the CPEPs and their service family assignments:

- Ensure high-volume providers of a service are represented on a panel reviewing a service;
- Allow for cross-specialty representation on a panel;
- Maintain CPEP members familiarity with services in the family and CPEP; and,
- Ensure that each panel has a reasonable number of services to evaluate (neither too many nor too few).

Abt used the Part B Medicare Annual Data (BMAD) Procedure File to determine the total number of services performed by each specialty in each service family. Because some specialties (e.g. pediatrics, OB/GYN), are not well represented in the BMAD data, other sources such as MEDSTAT private payment data, were used as well. Top specialty providers in each service family were identified. Families with similar top specialty providers were then grouped into CPEPs. Organizing the families in this manner ensures that panel members, who have been selected based in part on the specialty composition of the CPEP, are familiar with most of the services in the families assigned to the CPEP. This will help to promote constructive dialogue during the panel meetings on the services in question.

Some families have been assigned to more than one CPEP to provide built-in validation of the resource and variable cost estimates that will be developed by these panels. Abt's clinical consultants recommended many of these redundancy assignments. In addition to being assigned to CPEP # 7, service families consisting of evaluation and management services (E&M), which are common to the entire medical community, were assigned across all CPEPs to obtain data from a wide range of specialties. Assignments of E&M service families to CPEPs were identified by using BMAD data to determine the main E&M service families that are provided by the specialties comprising a CPEP. In establishing these validity assignments, Abt staff tried to

maintain a manageable workload for each CPEP.

The initial assignment of service families to CPEPs was reviewed by Abt's clinical consultants, HCFA clinical staff, the TEG, the CPEP-TEG, and the medical societies. Numerous revisions to the classification system were made based on these comments. The resulting classification system contains 229 unique service families allocated across 15 CPEPs, with each CPEP having between 8 and 25 service families. Including the validity assignments, there are 299 service families assigned across the 15 CPEPS with each CPEP having between 10 and 36 service families.

A1.4 Selecting Reference Services

A reference service has been selected from each service family to serve as the benchmark for extrapolating the variable practice costs to the other codes in each family. (Several families have two reference services due to either the large size of the family or the nature of the services within the family that would make extrapolation from one reference service extremely difficult.) Reference services were chosen to be representative of all the codes within a particular family. To ensure that appropriate reference services were identified, the CPEP-TEG was convened to assist in developing guidelines for selecting these services. Abt, with the input of this panel, established the following criteria (listed in order of importance):

- The service should be commonly-performed (i.e., high-volume and high Medicare allowed charges relative to the other services in the family);
- The service should have a mid-range level of resource usage relative to the other codes in the family;
- The service should be a code whose definition or coding application has not changed in the last several years; and
- The variation across physicians in the way the service is performed should be minimal.

A preliminary list of reference services was compiled based on recommendations submitted by numerous medical societies. Abt's clinical consultants and HCFA medical staff reviewed the candidate reference services suggested by these societies and made final selections based upon the above criteria.

A1.5 Selecting CPEP Members

In general, the number of representatives from a specialty that were selected to serve on a CPEP was determined from both the fraction of the CPEP's total volume and annual Medicare allowed charges accounted for by the specialty, and the percentage of the specialty's total volume and charges in that CPEP. The specialty categories were based on the AMA's detailed self-designated specialty categorization system, to which were added non-physician providers of services. The actual number of representatives from each specialty that were assigned to a CPEP was a function of the total number of specialties in a CPEP and the relative volumes of services performed by each specialty in a CPEP. In addition, a primary care provider and a surgeon were assigned to each CPEP. These assignments were carefully made to ensure that no panel had a substantial majority of its representation from a single specialty. A preliminary list of the specialty assignments for each CPEP was prepared by Abt and reviewed by Abt's clinical consultants and HCFA staff.

To recruit potential CPEP members, Abt Associates has worked with over 125 medical societies to identify physicians, non-physician clinicians (e.g. nurses, technicians), and practice administrators to participate in the CPEPs. Panelists have been selected according to the following criteria:

- Appropriate cross-specialty representation;
- Sufficient geographic variation;
- Mix of different practice types; and
- Knowledge of costs associated with providing services.

Selecting panel members in this manner addressed variation in practice styles across different specialties, geographic locations, and practice settings.

by Follow-Up Interviews

Data Collection and Analysis for Generating Procedure-Specific Practice Expense Estimates

HCFA Contract No. 500-95-0009

Overview of Practice Expense Project & Summary of Round 1 CPEP Process

May 20, 1996

Abt Associates Inc.

OVERVIEW OF PRACTICE EXPENSE PROJECT AND SUMMARY OF ROUND 1 CPEP PROCESS

1.0 PROJECT OVERVIEW

1.1 Background

The Social Security Act Amendments of 1994 mandate that the Secretary of Health and Human Services "develop a methodology for implementing in 1998 a resource-based system for determining practice expense relative value units for each physician service" covered by the Medicare Fee Schedule (MFS). Under this Congressional mandate, the Health Care Financing Administration (HCFA) has engaged Abt Associates Inc. to collect and analyze data that are required to develop resource-based practice-expense relative values for over 6,000 codes contained in the MFS. Ultimately, the final determination of relative values for practice expenses will be made by HCFA after inviting public comment in a Notice of Proposed RuleMaking that is expected to be published in early 1997, with final values becoming effective January 1, 1998.

1.2 Methodology

Abt, in conjunction with HCFA, has developed a data collection strategy for capturing the two general cost categories that comprise practice expenses: *overhead* and *variable* costs. *Overhead* costs, which are the expenses incurred during the operation of a practice that are not easily attributable to the provision of a specific service (e.g. rent, utilities), will be collected via a self-administered mail survey of several thousand physician practices. *Variable* costs, which are expenses that are more easily attributable to a particular service (e.g. nurse time, medical supplies) are being collected through a consensus process via Clinical Practice Expert Panels (CPEPs) of physicians, other non-physician clinicians, and practice administrators.

The MFS contains over 6,000 services that must have variable cost estimates developed by the CPEPs. To facilitate this task, Abt, in conjunction with HCFA medical staff, developed a classification system that organizes the MFS services into 229 clinical and resource homogenous groups referred to as service families, each of which is assigned to one of 15 CPEPs. Each CPEP contains between 15 and 36 service families. Since it is not feasible to develop detailed resource requirements for all services in the MFS, a reference service from each service family was selected for which a detailed resource profile was developed during the first round of CPEP meetings.

The CPEP meetings are being conducted in two rounds, the first of which was completed in February. During the first round of CPEP meetings, resource profiles were developed which specified the inputs required to provide each reference service. During the second round of CPEPs, the resource profile generated for the reference service in each family will be extrapolated to the remainder of codes in the family. The resulting variable costs will be added to the service-specific overhead costs (allocated from the survey data) to determine the total practice costs of each MFS service.

2.0 SUMMARY OF ROUND 1 CPEPS

2.1 CPEP Composition

The membership of each CPEP responsible for developing the resource profiles was determined by using HCFA administrative claims data (i.e., BMAD) and other information to identify both the specialties which provide the services in each CPEP, as well as the percent of each specialty's services performed within each CPEP. In addition, in order to obtain as broad a representation as possible, a primary care provider and a general surgeon were assigned to each panel. To the extent possible, the membership of each CPEP represented different types of practice staff (i.e physicians, practice administrators, and other non-physician clinicians), relevant cross-specialty representation, as well as geographic and practice type variation. This broad representation ensures that different practice characteristics are considered when defining the resource requirements for the reference services and for extrapolating to the remainder of the services.

2.2 Data Collection Prior to CPEPs

The first round of CPEPs was devoted to developing consensus estimates of the resources (labor, equipment, and supplies) required to provide the reference services. To facilitate discussions of the resources, standardized data collection instruments, or "worksheets"[1] were distributed to panel members and medical societies prior to convening the meetings in order to collect the various inputs enumerated in the resource profiles. Panel members were asked to complete a worksheet for each of the reference services in their CPEP. The worksheets were designed to collect data on the number of minutes spent on clinical and administrative functions by practice support staff as well as information on the utilization of medical equipment and disposable medical supplies. Attachment 1 presents a listing of the functions for each worksheet type that were used to develop the labor inputs. When completing the worksheets, participants were asked to provide data on the resources required to provide the service for the "typical" patient and to draw not only from their own practice's experience, but also on their knowledge of other practices or cross country variations of "typical" practice patterns or "typical" patients. The completed worksheets were submitted to Abt, summarized, and presented to the panel members during these first round of CPEP meetings to facilitate and initiate discussions on the resources required to provide each reference service.

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[1] Separate labor worksheets were developed for each "type" of service : G worksheet - service with a global period; P worksheet - service or procedure without a global period; Pa worksheet - pathology services; and M worksheet - Evaluation and Management Services. Each worksheet had similar categories for detailing the inputs associated with labor and staff requirements. Since the functions associated with the provision of pathology services substantially differed from other procedures, it was determined that a separate worksheet should be developed to effectively capture the inputs associated with these services. Separate worksheets were also used to capture the name, type, turn-around time (equipment) and quantities (supplies) for a service's equipment and supply requirements.

IV.F: 106 Services Profiled by Follow-Up Interviews
and Guidelines
Listings

2.3 Round 1 CPEP Process

Round 1 CPEP meetings, (a total of 14 separate panels) were convened in Baltimore from February 13 through February 28 to initiate the development of resource based practice expenses.[2] Each CPEP was responsible for developing resource profiles for between 11 and 36 CPT codes or reference services. Each meeting consisted of a two day process that began with an evening session commencing at approximately 8:00 p.m., directly following a dinner and introductory speech. The evening session was dedicated to obtaining detailed staff requirements for one particular reference service, coined the "walk-through" code. Time requirements for pre-, intra-, and post-service clinical and administrative functions were separately identified. In addition, resource profiles were developed for each site-of-service in which the reference service is performed. CPEP members were asked to perform validation or "reasonableness" checks on the clinical and administrative times that were developed for each reference service. Following completion of the labor profiles, equipment and supply requirements for providing the service in-office and/or out-of-office were determined.

2.4 Achieving Consensus

CPEP members' prior exposure to the worksheets and the types of data required to develop the resource requirements facilitated the consensus building process. Even though summaries of the worksheet data that the CPEP members and societies provided were available as a reference source during the meeting, it was emphasized to the panel members that it was their responsibility to provide the final consensus values.

Discussions among the panel members focused on clarifying and resolving any initially divergent views in order to achieve the agreement of all panel members. These discussions were moderated by a senior Abt Associates staff member whose responsibility was to guide discussions and assist in the resolution of divergent views. HCFA staff were also available during the meetings to serve as resources for answering questions regarding payment policies, CPT coding, and other issues that required resolution prior to determining consensus. In addition, staff from the societies which nominated CPEP members were invited to attend the meetings as observers. Society observers served as an additional resource for explaining society data when and where appropriate. The final consensus values and any notes the panel thought were necessary to explain a value were recorded by Abt Associates staff in a laptop computer.

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[2] A mock CPEP involving members of CPEP 4 (Obstetrics and Gynecology) was convened in Cambridge during the last week of January. The meeting served as an opportunity to test various approaches for obtaining consensus estimates on practice expense inputs. Many of the lessons learned during this pilot CPEP were subsequently employed in the following panels. Since resource profiles were not developed for all of the references services of this panel (due to time constraints), and since the format of the meeting differed from the following fourteen CPEPs, the Obstetrics and Gynecology CPEP was reconvened on April 17. At that time, consensus estimates for all reference services in CPEP 4 were developed.

2.5 Data Processing Following the Round I CPEP Meetings

Following the conclusion of all meetings, the data were reviewed by Abt Associates to ensure accuracy and clarity as well as to standardize the method of recording staff times, staff types, equipment, and supply usage across CPEPs. The data was subsequently distributed to panel members for review to validate that the values recorded were the values discussed during the meeting. Attachment 2 is an example of an aggregated data collection form, modeled after the worksheets, that was used to enumerate labor, equipment and supply inputs for procedures without a global period (Worksheet P).

ATTACHMENT I
Functions for Services with a Global Period (Worksheet G)

Clinical	Administrative
G0.1 - PRE PROCEDURE VISIT - CLINICAL **Pre visit** Review Patient Charts Greet Patient Room Prep Prep and Position Patient Obtain Vital signs **Intra visit** Assist in Performing Visit Record/Obtain Medical History Record Notes **Post Visit** Clean Room/Equipment Provide Education Prior to Procedure Complete Pre-op Diagnostic Medical Forms Review Results Arrange for Check-out	
G1 - PROCEDURE - CLINICAL **Pre Procedure** Obtain medical history** *(this should be removed, it is counted in the pre visit)* Provide final pre procedure education Greet patient/provide gowning Perform room prep Prep patient obtain vital signs **Intra Procedure** Sedate/apply anesthesia Assist in performing procedure Record notes **Post Procedure** Monitor patient Clean room / equipment Provide post procedure education Complete diagnostic medical forms Review results Arrange discharge Conduct follow-up calls	**G2 - PRE VISIT AND PRE PROCEDURE - ADMINISTRATIVE**** *(this captures the administrative time associated with both G.O and G1- pre-visit and pre-procedure)* **Pre Procedure** Obtain referral from referring MD Schedule patient remind patient of appointment Obtain medical records manage patient database Pre-certify patient conduct preservice billing Verify insurance Register Patient * *(this is a new function that was previoulsy not on the worksheet)* **Post Procedure** Transcribe results Schedule Post -op or return E&M service Notify and complete report to referring MD's Conduct billing activities
G1.1 -G1.9 POST PROCEDURE E&M - CLINICAL **Pre- Service** Review Patient Charts Greet Patient / Gowning Perform room prep Prep patient Obtain vital signs **Intra - Service** Assist in performing E&M Obtain medical history Record Notes **Post - Service** Clean room/equipment Provide education/ instruction after E&M service Complete diagnostic medical forms Review/read X-rays Checkout Conduct follow-up phone calls	**G2.1 - G2.9 POST PROCEDURE E&M SERVICE - ADMINISTRATIVE** **Pre Service** Schedule Patient and remind of visit * *(this function should be removed. The first E&M service is already accounted for in the post procedure of G2 and additional visits are accounted for in the post E&M service time of G2.1.* Obtain medical records Register Patient **Post E&M Service Time** Transcribe results/file and manage patient records Schedule subsequent post procedure E&M

ATTACHMENT I (cont)

Functions for E&M Services (Worksheet M) and Services Without aGlobal Period (Worksheet P)

Clinical	Administrative
Pre Procedure Obtain medical history/review patient charts Provide final pre-procedure education/obtain patient consent (Worksheet P only) Greet patient/provide gowning Perform room prep/prepare medical equipment/"scrub" before procedure Prep patient Obtain vital signs Other	**Pre Procedure** Obtain referral from referring MD Schedule patient/remind patient of appointment Obtain medical records, manage/recall patient database, assemble/develop patient chart Pre-certify patient/conduct pre-procedure billing Verify insurance/review coverage/register patient
Intra Procedure Sedate/apply anesthesia (Worksheet P only) Assist in performing procedure Obtain medical history (Worksheet M only) Record notes Other	
Post Procedure Monitor patient following procedure (Worksheet P only) Clean room/equipment/shut down equipment Provide post-procedure education Complete diagnostic medical forms, x-ray requisitions, prescriptions Review results Checkout/provide discharge instructions/complete nursing forms Conduct follow-up phone calls to patient/respond to patient calls/call-in prescription refills Other	**Post Procedure** Transcribe results/file and manage patient records Schedule post-op or return E&M services/arrange for hospital readmission Notify and complete reports to referring MDs Conduct billing activities (coordinate bill collection/rebilling, collect co-pays or deductibles, post-certify patient)

ATTACHMENT II

Worksheet P1: Time Spent (in Minutes) on Clinical Functions by Support Staff for

CPT Code

Global Period:

Clinical Function	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other		Other		Other		Other		Total	
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office
Subtotal Pre-Proc. Time (Min.)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal Intra-Proc. Time (Min.)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal Post-Proc. Time (Min.)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Time (Min.)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Worksheet P2: Time Spent (in Minutes) on Administrative Functions by Support Staff for

CPT Code

Global Period:

Administrative Function	Medical Secretary		Scheduling Secretary		Receptionist		Ins./Billing Staff		Practice Manager		Other		Other		Other		Other		Other		Other		Total	
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office
Subtotal Pre- Time (Min.)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal Post- Time (Min.)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Time (Min.)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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Medical Equipment

CPT Procedure Code Number:			
		In Office	*Out-of Office*
Type of Medical Equipment	**Medical Equipment Description (e.g., brand, model #, specific features)**	**Medical Equipment Turn-Around Time (in Minutes)**	**Medical Equipment Turn-Around Time (in Minutes)**

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Disposable Medical Supplies

CPT Procedure Code Number:			
Disposable Medical Supply Description	**List Price Per Unit (if available)**	**Number/amount of each supply provided by practice when performed in office setting**	**Number/amount of each supply provided by practice when performed in out-of-office setting**

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OVERVIEW OF THE EXTRAPOLATION METHOD FOR ROUND 2 OF THE CPEPs

Data Collection and Analysis for Generating Procedure-Specific Practice Expense Estimates

Introduction

Under contract to the Health Care Financing Administration, Abt Associates Inc. is developing resource-based practice expense values for the services in the Medicare Fee Schedule (MFS). As part of the project, the first round of Clinical Practice Expert Panels (CPEPs) were conducted in February, 1996, during which profiles of direct clinical and administrative resources were developed for a set of "reference services." Each of the 229 service families contained in the classification system of CPT-4 codes (developed in an earlier phase of the project) has a reference service[1]. In the second round of CPEP meetings to be held in June, 1996, the work of the panels will focus on extrapolation of the reference service resource profile to all CPT codes in the service family, for each family within each CPEP. The reference service data collected during round one will serve as the baseline profile for each family, and the panels will identify differences in resource requirements for the extrapolated codes at a level that is more aggregated than was used in the first round of CPEP meetings. This paper provides an overview of the methodology that will be employed during the June extrapolation meetings. Please take some time to familiarize yourself with the process. Successful implementation of this process will require that all participants have an understanding of the approach.

Labor

The labor extrapolation will be performed in two basic steps, with the first activity implemented prior to the CPEP and the remaining activities being performed during the two-day meetings.

Step 1: Review reference materials (enclosed in this mailing) prior to meeting
Step 2: Identify and arrive at consensus on key drivers

Each of these steps is described below.

Step 1: Review reference materials and identify potential key "drivers"

Definition: "Drivers" are characteristics that differentiate groups of CPT codes from the reference service within a family. For example, in a pilot test of the extrapolation process, physicians noted that for some surgical service families, the number of post-discharge office visits is the key driver of practice expense differences within the family. This observation allowed the participants to group the services in a family into sub-groups, each of which contained services with the same number of

[1] There are a small number of families which contain two reference services.

post-discharge office visits. The resource profile for each sub-group was defined to be that of the reference service, plus (or minus) the resources required to deliver the greater (lesser) number of office visits. In this example, post-discharge office visits was identified as the key driver. Similarly, the presence or absence of malignancy is another potential driver, as is the degree of pre-surgical authorization required.

Please review the enclosed material, keeping in mind the task of identifying the key drivers or factors which determine practice expense differences:

- A complete listing of the CPT-4 codes within your CPEP, arranged in family order and sorted by CPT code within each family and,

- Information on each procedure that may assist you in identifying additional key drivers for each family (e.g., physician intra-service time, number of post-operative visits).

Please bring the above documents with you for further discussion at the CPEP meeting along with recommendations for other key drivers for each family.

Step 2: Identify and arrive at consensus on the key drivers of labor time for each family

One of the initial tasks during the first day of the CPEP meeting will involve arriving at consensus among the CPEP members on the key drivers that distinguish sets of codes within a given family. Using the data provided in the briefing package, as well as discussing potential drivers that CPEP members may suggest, the panel will arrive at consensus on the critical factors, or drivers, that affect resource use. This will require that the panel address a number of questions for each family:

- Are the labor requirements for each code in this family the same as for the reference service?

- If the requirements are different from those of the reference service then the following questions will be addressed:
  - what is it about the codes with different requirements that determines the differences (e.g., cancer-related, number of post-discharge visits)?
  - can you categorize the codes into sub-groups that are highly similar in these dimensions?
  - can you provide increments (or decrements) to the labor time of the reference service for each of the sub-groups (by staff type and function)?

These questions will help us to identify and come to consensus on the key distinguishing features between sets of codes within a family, as well as provide the different time requirements by staff type for the extrapolated codes. See Attachment A for a sample worksheet of extrapolated staff times.

Equipment and Supplies

Extrapolation of equipment and disposable supplies will be completed in "grids." The grids will be tables that contain supply (or equipment) items along the vertical axis and service periods along the horizontal axis (See Attachment B and C). All panelist will receive the grids prior to the meetings.

Guidelines/Ground Rules for Extrapolation

Moving Codes. If agreed upon by the CPEP, codes will be allowed to move from one family to another family *within the CPEP*. CPEPs must extrapolate all codes in their CPEP, regardless of their familiarity with the codes.

Code-specific Extrapolation. It is important that to the extent possible the panel stay focused on *groups, or sub-families*, of codes, rather than individual codes. The level of detail and effort required when addressing specific individual codes is inefficient. The objective of the extrapolation is to focus on groups of codes that are similar in their resource use along one or more dimensions (e.g., number of post-operative visits, cancer-related codes, intra-service time, etc.)

Sub-specialty Input. There are specific codes in each family that are performed by specialists other than the CPEP members (e.g., hand surgeons vs. general orthopaedic surgeons). We will be obtaining input from sub-specialists for the relevant codes by allowing participation at the CPEP meetings by sub-specialists for specific sub-sets of codes.

Extrapolation Example

CPEP # _____

Family # _____

Example of information panel may provide

HCPCS	Description	'94 Vol	% in office	% Fam chgs	Global Period	Post-op Visits	Hsiao Physician Intra Time (min)	Site of Service In/Out/Both	Staff Intra time (in comparison to reference service) IN office	OUT office	Revised # of post-op visits
1		2	0	0	90	3	70	I	+15		5
* 2		46,739	1.2	46.5	90	1	45	B	37	0	1
3		2,678	1.8	3.1	90	2	65	D		0	2
4		829	1.3	0.9	90	2	71	D		0	3
5		3,998	1	6.6	90	3	80	B	+5	0	3
6		2,498	1.5	5.4	90	2	25	B	-20	0	1
7		25,556	1.2	23.6	90	1	80	I	+15		2
8		5,423	1.5	5.4	90	1	80	D		0	1
9		2,102	1.9	2.3	90	2	80	B	+15	0	3
10		1,662	1.4	2	90	5	75	I	+20		1
11		2,457	1.2	2.6	90	2	80	I	-20		3
12		766	1.2	0.9	90	2	80	D		0	1
13		728	1.2	0.9	90	2	25	I	-20		3
14		47	0	0.1	90	2	137	D		0	2
15		9	22.2	0	MMM	0		B	+5	0	0

* reference service

Driver =	Number of Post-Op Visits	The reference service has 1 post-op visit, therefore add the appropriate number of post-op visits to each extrapolated service based on the difference between the number of post-op visits for each service and the number of post-op visits for the reference service. i.e. The reference service, code # 2, has 1 post-op visit: Code # 1, an extrapolated service, has 5 post -op visits. Therefore, 4 additional post-op visits (5-1=4) should be added to code # 1.

Driver=	Intra service time	Extrapolated clinical service time for services performed in the office is equal to the reference service procedure time (intra time G1) plus or minus intra G1 time for the extrapolated services. i.e. Reference service, code # 2, has 37 minutes intra time. Code # 1, an extrapolated service, should have an additional 15 minutes of time added, for a total intra time of 37+15=52 minutes.

Supply Example

Reference Service
Family #_____

Group:

ITEM	Reference Service		*In office*						*Out of office*					
	IN	OUT	Pre Service GO	Intra Service (G1, P1, M1	1st POV	2nd POV	Final POV	TOTAL	Pre Service GO	Intra Service (G1,P1, M1)	1st POV	2nd POV	Final POV	TOTAL
Acetone Pads	2	2												
Cotton Balls	4	2												
Dental Needle														
Denver splint	1													
Gauze 4X4														
Smelling Salts	1	1												
Syringe	5cc													
Xylocaine	20cc	10cc												
Emesis Basin	1	1												
Gloves	4 pr													
Goggles	1													
Gown	3	1												
Pillow cover	2	1												
Suction Tubing	2	1												

Equipment Example

Codes	Reference Service	6	2	3	6	5	6	3	3	9	14	14	12	14	14	15
	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT
Exam Chair	X X															
Headlight	X X															
SMR Chair	X X															

Glossary of Terms Used in Family Listing of CPT Codes

HCPCS	Codes selected from the 1995 Medicare Fee Schedule published by HCFA (*Federal Register* Vol. 59, No. 235, electronic version).
'94 Vol	Total 1994 Part B Medicare volume for the procedure.
% in Office	Percent of the procedure's 1994 Part B Medicare volume that was performed in an office setting.
% Fam Chgs	The procedure's 1994 Part B Medicare allowed charges as a percent of the total allowed charges for the family.
Expected Sites	The sites of service for which the service is to be costed, based on the "10% rule" (i.e., a service should be costed for a site if that site accounted for 10% or more of 1994 Medicare volume).
Global	The 1995 Medicare Fee Schedule Global Period for the procedure, in days. Values of MMM, XXX, YYY, and ZZZ indicate that there is no global period, or that the concept of a global period does not apply to the procedure.
Post Op Visits	Number of post-operative office visits, according to AMA RUC five-year review recommendations (where available) or the Hsiao Phase III study (where five-year review data are not available).
Intra Time	Intra-service physician time, according to the Hsaio study.

Shading indicates the reference service(s) for the family.

CPEC 1 **Integumentary and Physical Medicine**

Family **Nail Procedures** **Total Family Charges** **$293,648,893**

HCPCS	*Description*	*1994 MC Volume*	*% in Office*	*% Fam Chgs*	*Expected Sites*		*Global Period*	*Post-op Visits*		*Intra Time*			
11700	Debridement of nails, manual; five or less	3,295,037	60%	26%	IN	OUT	000	0		7			
11701	Debridement of nails, manual; each additional, five or less	2,972,079	60%	17%	IN	OUT	ZZZ	0		5			
11710	Debridement of nails, electric grinder; five or less	1,614,074	67%	13%	IN	OUT	000	0		7			
11711	Debridement of nails, electric grinder; each additional, five or less	1,421,751	67%	7%	IN	OUT	ZZZ	0		5			
11730	Avulsion of nail plate, partial or complete, simple; single	1,229,041	74%	20%	IN	OUT	000	0		22			
11731	Avulsion of nail plate, partial or complete, simple; second nail plate	218,906	70%	3%	IN	OUT	ZZZ	0		20			
11732	Avulsion of nail plate, partial or complete, simple; each additional nail plate	18,288	84%	0%	IN	OUT	ZZZ	0		20			
11750	Excision of nail and nail matrix, partial or complete, (eg., ingrown or deformed nail) for permanent removal;	269,415	90%	12%	IN		010	1		15			
11752	Excision of nail and nail matrix, partial or complete, (eg., ingrown or deformed nail) for permanent removal; with amputation of tuft of distal phalanx	4,843	64%	0%	IN	OUT	010	1		25			
11755	Biopsy of nail unit, any method (eg, plate, bed, matrix hyponychium, proximal and lateral nail folds) (separate procedure)	1,536	59%	0%	IN	OUT	000	0		32			
11760	Repair of nail bed	7,458	59%	0%	IN	OUT	010	1		33			
11762	Reconstruction of nail bed with graft	2,337	75%	0%	IN	OUT	010	1		60			
11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)	49,876	75%	1%	IN	OUT	010	1		24			

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Instructions for Completing the Equipment and Supply Grids

The enclosed grids will be used during the extrapolation process to record equipment and supply needs for the services in each family for your CPEP. To the extent feasible, please review and complete the grids prior to arriving at the Baltimore meetings.

General Instructions: Whenever possible, services in a given family should be grouped into "like" procedures. The enclosed equipment and supply grids are designed to accommodate such sub-groupings but can, if necessary, be used to identify the resources for a single procedure. For each family there is a listing (printed on legal-size paper) of all items identified as necessary for the provision of the reference service. Enclosed with each packet are copies of blank grids printed on 8½ x 11-sized paper with columns corresponding to general aspects of a medical procedure (e.g., pre-service, intra-service, and post-operative office visits). These are designed to be an overlay to the legal-sized equipment and supply grids (align the top right edges). Each 8½ x 11 page is designed to capture the equipment or supply needs for a particular sub-group of services (as defined by the panelists) within the same family as the reference service. **Copy as many of the blank grids as needed to accommodate the number of sub-groups within each family.** The equipment and supply needs of these sub-groups should be compared to those of the reference service and usage of each item should be noted in the appropriate columns.

Note that at the bottom of each list of equipment or supply items for a reference service there are lines labeled "Pack." When possible, we will identify during the meetings a list of items that are commonly used for a multitude of procedures and label them a "pack". For example, panelists may identify a list of supplies commonly used during excisions or the treatment of lacerations. If possible, please consider the potential composition of such packs. We will compile lists of items for each pack during the meetings and refer to them during the extrapolation process. Past pilot tests of the extrapolation process have shown that such an approach significantly simplifies and expedites the process.

Supplies: CPEP members should complete the grids (including the addition of new supply types) by reporting quantities of supplies in the table cells for the pre-service visit, intra-service time, and all post-operative office visits. If it is more convenient to consider supplies required for the provision of all aspects of the service, panelists may instead indicate the total quantities for each supply in the "total" column. Please note that the supplies listed for the reference service correspond to the total quantities required for all aspects of the provision of that service (e.g., all pre-service, intra-service, and post-operative needs).

Equipment: For equipment, the cells should simply be checked when the listed piece of equipment is used for a specific service. If additional pieces of equipment not listed for the reference service are used for the extrapolated codes, then these should be added to the list and the appropriate columns should be checked. Again, panelists may find only the "total" column necessary for recording equipment usage for the various services within a family. Please do not feel obligated to complete the grid for every aspect of the provision of a service if this is not appropriate or convenient.

Should you have any questions regarding the use of the equipment and supply grids, please contact (*Abt Contact and Phone Number*).

Reference Service: 11730-REMOVAL OF NAIL PLATE **GROUP:**
Medical Equipment
Family: 100

	ITEM	IN	OUT		IN Office						OUT of Office					
					Pre Service (G0)	Intra Service (G1, P1, M1)	1st POV	Subseq. POV	Final POV	Total	Pre Service (G0)	Intra Service (G1, P1, M1)	1st POV	Subseq. POV	Final POV	Total
1	exam table	X		1												
2	exam light	X		2												
3	electrocautery			3												
4	laser			4												
5	smoke evacuator			5												
6	electrocautery			6												
7	smoke evacuator			7												
8				8												
9	**Additions:**			9												
10				10												
11				11												
12				12												
13				13												
14				14												
15				15												
16				16												
17				17												
18				18												
19				19												
20				20												
21				21												
22				22												
23				23												
24				24												
25				25												
26				26												
27				27												
28	**Pack:**			28												
29				29												
30				30												
31				31												
32	**Pack:**			32												
33				33												
34				34												
35				35												

Reference Service: 11730-REMOVAL OF NAIL PLATE **GROUP:**
Disposable Medical Supplies
Family: 100

	ITEM	IN	OUT		*IN Office*						*OUT of Office*					
					Pre Service (G0)	Intra Service (G1, P1, M1)	1st POV	Subseq. POV	Final POV	Total	Pre Service (G0)	Intra Service (G1, P1, M1)	1st POV	Subseq. POV	Final POV	Total
1	sterile field	1		1												
2	paper drape	1		2												
3	peroxide	squirt		3												
4	silver nitrate stick	1		4												
5	paper towels			5												
6	non sterile gloves	1		6												
7	sterile gloves	1		7												
8	tourniquet	1		8												
9	xylocaine	3cc		9												
10	ointment	1 dab		10												
11	sterilizer packets	2		11												
12	soap (hibiclens)	1 oz		12												
13	needles for syringe	2		13												
14	needle for electro-surgical devic	1		14												
15	bandage	1		15												
16	mask	2		16												
17	cotton swabs	2		17												
18	1 scalpel 20 or 15 size	1		18												
19	autoclave tape			19												
20	3 cc syringe			20												
21	alcohol wipes	2		21												
22	ethyl chloride is added to suture			22												
23	gauze, both 4x4 and 3x3	15 tota		23												
24	kling	1		24												
25	exam table paper	1 shee		25												
26				26												
27	gel foam	dab		27												
28				28												
29	**Additions:**			29												
30				30												
31				31												
32	**Pack:**			32												
33				33												
34				34												
35				35												

Group:

	IN Office					OUT of Office				
	Pre Service (GO)	Intra Service (G1, P1, M1)	1st POV	Subseq. POV	Final POV	Pre Service (GO)	Intra Service (G1, P1, M1)	1st POV	Subseq. POV	Final POV
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
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GROUND RULES AND GUIDELINES

Goal of the CPEP meeting:

To provide HCFA with estimates of the resources needed to provide each service. We will arrive at consensus on extrapolated values, based on reference service values, for codes or groups of codes within each family.

Substantive:

1. Focus on PRACTICE EXPENSES and not WORK (see Attachment A for inclusions/exclusions guidelines):

   - practice expenses are relevant only if they are incurred by the practice

2. Moving Codes

   - if agreed upon by the CPEP, codes will be allowed to move from one family to another family *within the CPEP.* CPEPs must extrapolate all codes in their CPEP, regardless of their familiarity with the codes.

3. Code-specific Extrapolation

   - it is important that to the extent possible the panel stay focused on *groups, or sub-families,* of codes, rather than individual codes. The level of detail and effort required when addressing specific individual codes is inefficient. The objective of the extrapolation is to focus on groups of codes that are similar in their resource use along one or more dimensions (e.g., number of post-operative visits, cancer-related codes, intra-service time, etc.)

4. Changing Reference Service Values

   - changes to the reference values will only be considered if the CPEP unanimously agrees.

5. Role of CPEP members:

   - each CPEP member is acting as an expert in his/her field

   - CPEP members are not representing their medical societies, but are to present their judgement about practice expenses from the perspective of their own practices and their knowledge of typical practice

   - the function of the CPEP members who are not the primary providers of the reference service is to act as independent assessors of the resource estimates suggested, to ask questions to ensure validity and reality, and to add their own clinical judgement

6. Role of Sub-specialty Representatives:

   - provide input on relevant codes that are performed by the sub-specialist.

7. Role of Society Observers:

   - explain data that may have been included

   - serve as a resource to the entire CPEP process

8. Role of Abt Moderator:

   - keep the pace moving

   - help group decide when they are stuck (using the process defined below)

   - ensure that all panel members participate and have the opportunity to speak (do not let one member dominate)

   - maintain a neutral role regarding content matters, but actively assist in managing group processes

9. Role of Abt/HCFA Floater:

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   - check participants and observers in at the door

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Process:

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6. Disagreements should not become personal.

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Attachment A:
Guidelines for Inclusion/Exclusion

Resource Profiles	
SHOULD:	***SHOULD NOT:***
1. Include activities most commonly ***not*** performed by physicians as defined by Medicare (MDs, DOs, ODs, Psychologists, Chiropractors, Dentists, Podiatrists).	1. Include activities most commonly performed by physicians as defined by Medicare.
2. Be based on recent, accepted clinical practice.	2. Be based on outmoded clinical practices or new practices that have yet to be adopted by most providers.
3. Be based on the typical patient across all age groups.	3. Be based on an unusually easy or difficult case. Nor should resource estimates be based only on the Medicare population.
4. Reflect the practice's variable costs. Variable costs include costs of resources directly attributable to performing a particular service.	4. Reflect the practice's overhead costs. Overhead costs include fixed expenses of the practice and are not directly related to a specific service. These costs are the focus of the Survey of Practices. Examples of resources that are part of overhead costs, but are often mistaken as part of variable costs include: • Standby time • Time to transport/courier patient test results/specimens • Time to restock supplies • Quality assurance activities • Employee training
5. Reflect time required to perform service-specific functions by ***support staff*** who are typically employed or contracted by a practice and who cannot bill separately. Examples of support staff include: •Registered nurses(RNs) •Licensed Practical Nurses (LPNs) •Medical Secretaries •Receptionists •Technicians	5. Include time spent performing service-specific functions by staff, who are employed and paid by a hospital, nor time spent by fellows or physicians. Reflect time spent on service-specific functions by staff who bill separately for their services through the physician work component. Since these staff bill through the work component of the fee schedule, they are not considered part of practice expenses. Staff who can bill separately include: •Certified Registered Nurse Anesthetists (CRNAs) •Clinical Social Workers(CSWs) •Chiropractors •Dentists •Doctors of Osteopathy •Nurse Midwives (NMs) •Nurse Practitioners (NPs)/ Clinical Nurse Specialists (CNSs) •Optometrists •Podiatrists •Physical/Occupational Therapists (PT/OTs) •Physician Assistants(PAs) •Physicians •Clinical Psychologists(CPs)
6. Include medical equipment, with acquisition cost > $500, that is purchased or leased by practice and that is used in the direct provision of a given service.	6. Include any medical equipment owned or provided by a hospital, nor any non-medical capital items (e.g., office computers and software, photocopiers, or desks) .
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Prioritization List and Suggested Family Groupings
CPEP 1: Integumentary and Physical Medicine

		Reference Service					Family Characteristics								
Family Number	Priority Order/ Group #	Reference Service	Sites Costed		Worksheet	# POV	# of codes	Sites to be Costed			Worksheet Types				#POV (generally)
			In	Out				# In	# Out	# Both	#G	#P	#PA	#M	
120	1	10060	X	X	G	1	14	1		13	13	1			1-3; mode=1
108		11642	X	X	G	1	40	16	1	23	23	17			1-3, all but one=1
104	2	17000	X		G	1	51	30		21	28	15			1-2, mode=1
112		11643	X	X	G	1	50		10	40	38	11			1-6; mode=1
100	3	11730	X	X	P	0	12	1		11	5	3			1
124	4	12002	X	X	G	1	39	3	1	32	30	8			1
128		15100		X	G	4	87		37	50	80				1-8; most≥4
136	5	Q0109	X		P	0	5	4				4			
140		97110	X		P	0	48	34		5		48			
144		95851	X	X	P	0	5	3		2		5			
116	6	17340	X		G	1	13	5	1	7	12				1-5; mode=3
808	7	19240		X	G	4	29		23	3	28				3-6; mode=4
700	8	99203	X		M	0	12	11	1					12	
704		99213	X		M	0	17	15		2				17	
728		99243	X	X	M	0	4			4				4	
744		99312		X	M	0	2		2					2	
132	9	96910	X		P	0	3	3				3			

Notes:
Not all codes accounted for in sites to be costed columns. Site-of-service to be determined by panel.

Prioritization List and Suggested Family Groupings
CPEP 2: Male Genital and Urinary

		Reference Service					Family Characteristics								
Family Number	Priority Order/ Group #	Reference Service	Sites Costed		Worksheet	# POV	# of codes	Sites to be Costed			Worksheet Types				#POV (generally)
			In	Out				# In	# Out	# Both	#G	#P	#PA	#M	
200	1	53265	X	X	G	1	11		2	9	8	3			1-2
204	2	53420	X	X	G	3	23		18	5	23				3
208	3	53670	X	X	P	0	8	4		4		8			0
212	4	53620	X	X	P	0	7	2		5	1	6			1
216	5	52601		X	G	3	13		11	2	13				2-3
236	6	55700	X	X	P	0	6		2	4		6			0
244	7	52000	X	X	P	0	4			4		4			0
248	8	52005	X	X	P	0	16		6	10		16			0
256	9	51726	X	X	P	0	25	3	9	13		25			0
		51795	X	X	P	0	25	3	9	13		25			0
264	10	55845		X	G	5	86		74	12	86				3-4
260	11	50230		X	G	3	34		31	3	34				3-4
268	12	52240		X	P	0	35		31	4		35			0
220	13	54520		X	G	2	43		31	12	41	2			2-3
224	14	54161		X	G	1	19	4	1	14	14	5			1
228	15	54332		X	G	3	35		25	9	34	1			3
232	16	54405		X	G	3	9		9		9				3
452	17	57240		X	G	2	10		8	2	10				2
272	18	50590		X	G	3									
704	19	99213	X		M	0	17	15		2				17	0
724	20	99253		X	M	0	13		7	6				13	0
728	21	99243	X	X	M	0	4			4				4	0

Prioritization List and Suggested Family Groupings
CPEP 3: Orthopaedics

		Reference Service					Family Characteristics							
Family Number	Priority Order/ Group #	Reference Service	Sites Costed		Worksheet	# POV	# of codes	Sites to be Costed			Worksheet Types			#POV (generally)
			In	Out				# In	# Out	# Both	#G	#P	#M	
376	1	20610	X		000	0	3	3	0	0	0	3		0
312	2	27447		X	G	4	6	0	6	0	6	--		4-5(4)
316		29881		X	G	3	79	0	75	4	78	--		3-6(4)
340	3	25111		X	G	3	53	0	49	4	52	--		0-5(4)
348		24105		X	G	4	48	0	39	9	48	--		3-6(4)
356		23420		X	G	5	78	0	66	12	78	--		1-5(4)
324	4	27814		X	G	4	33	0	30	3	31	--		0-5(4)
328		27880		X	G	5	63	1	50	12	63	--		1-5(4)
320	5	28292	X	X	G	6	124	0	89	35	124	--		1-7(4)
368	6	20680		X	G	2	44	1	25	18	36	3		0-7(3)
372		23655		X	G	4	21	4	7	10	17	4		0-4(1)
364	7	22842		X	000	0	56	0	50	6	49	3		0-5(3)
1516	8	63030		X	G	3	47	0	44	3	37	0		0-3(3)
360	9	26990		X	G	4	38	0	33	5	38	--		1-6(5)
300	10	27244		X	G	4	6	0	6	0	6	--		2-5(4)
304		27266		X	G	4	45	0	42	3	45	--		1-5(4)
308		27134		X	G	3	5	0	5	0	5	--		3-4(3)
332	11	27590		X	G	4	46	0	41	5	45	--		0-5(4)
384	12	25605	X	X	G	5	83	0	3	80	83	0		1-5(3)
388		23500	X	X	G	3	26	0	1	25	26	0		1-4(3)

Notes:
Not all codes accounted for in sites to be costed columns. Site-of-service to be determined by panel.

Prioritization List and Suggested Family Groupings
CPEP 3: Orthopaedics

		Reference Service					Family Characteristics							
Family Number	Priority Order/ Group #	Reference Service	Sites Costed		Worksheet	# POV	# of codes	Sites to be Costed			Worksheet Types			#POV (generally)
			In	Out				# In	# Out	# Both	#G	#P	#M	
392	13	29405	X	X	000	0	56	12	44	0	3	53		0-4(0)
380	14	27822		X	G	4	76	0	59	17	76	0	5	1-6(4)
336	15	26055		X	G	3	155	1	123	31	151	--		0-8(4)
344	16	25000		X	G	4	65	1	49	15	65	--		1-7(4)
352		24516		X	G	Not Avail	35	0	28	7	35	--		1-5(4)
140	17	97110	X		XXX	0	48	43	0	5	--	--		0

Notes:
Not all codes accounted for in sites to be costed columns. Site-of-service to be determined by panel.

Prioritization List and Suggested Family Groupings
CPEP 4: Obstetrics/Gynecology

		Reference Service					Family Characteristics								
Family Number	Priority Order/ Group #	Reference Service	Sites Costed		Worksheet	# POV	# of codes	Sites to be Costed			Worksheet Types				#POV (generally)
			In	Out				# In	# Out	# Both	#G	#P	#PA	#M	
436	1	56300		X	G	1	8	0	8	0	8	0			0-2(1)
440		56308		X	G	1	4	0	4	0	4	0			1-2(2)
700	2	99203	X		XXX	0	12	5	1	0	0	0			0
704		99213	X		XXX	0	17	7	0	2	0	0			0
424	3	56351		X	P	0	6	0	5	1	0	6			0
428		57454	X		P	0	2	0	0	2	0	2			0
416	4	59812		X	G	1.5	12	0	6	3	12	0			1-2.5(1)
420		58120	X	X	G	1	2	0	0	2	2	0			1
408	5	59300	X	X	P	0	2	0	1	1	0	1			0-1(0)
412		59400	X	X	MMM	18	8	0	5	3					0-2.5(0)
468	6	58100	X		P	0	3	1	0	1	3	0			0-1(1)
456	7	57500	X	X	P	0	38	2	7	29	28	9			0-2.5(1)
460		57260		X	G	2	18	0	15	3	18	0			1-2.5(2.5)
444	8	58150		X	G	2	14	0	13	1	14	0			2-3.5(2.5)
448		58951		X	G	3.5	11	0	11	0	11	0			2-6(2.5)
452		57240		X	G	2	10	0	8	2	10	0			1.5-2(2)
464	9	58720		X	G	2	37	0	30	7	35	1			1-2(2)
404	10	59025	X	X	P	0	17	1	2	10	0	12			0
608	11	76805	X	X	XXX	0	4	0	0	4	0	0			0
432	12	57160	X		P	0	6	2	0	3	0	2			0

Notes:
Not all codes accounted for in sites to be costed columns. Site-of-service to be determined by panel.

Prioritization List and Suggested Family Groupings
CPEP 5: Ophthalmology

		Reference Service					Family Characteristics								
Family Number	Priority Order/ Group #	Reference Service	Sites Costed		Worksheet	# POV	# of codes	Sites to be Costed			Worksheet Types				#POV (generally)
			In	Out				# In	# Out	# Both	#G	#P	#PA	#M	
508	1	67314		X	G	4	14	0	12	2	12	1			0-4(4)
552	2	92012	X		XXX	0	13	11	0	2	-	-			0
700		99203	X		XXX	0	12	5	1	0	-	-			0
704		99213	X		XXX	0	17	7	0	2	-	-			0
728		99243	X	X	XXX	0	4	0	0	4	-	-			0
556	3	92353	X		XXX	0	26	20	0	6	-	-			0
532	4	66984	X	X	G	4	9	0	6	3	9	0			4-5(4.5)
500	5	67840	X	X	G	1	47	15	1	31	40	7			1-4(1)
504		67904	X	X	G	3	62	0	41	21	62	0			3-7(3)
520	6	65420	X	X	G	4	29	0	4	25	29	0			0-5(4)
524		66170		X	G	6	25	0	13	12	25	0			2.5-7(4)
528		65755		X	G	6	11	0	8	3	11	0			3.5-6.5(6)
536	7	66821	X	X	G	2	10	0	0	10	10	0			2.5-3.5(3)
544	8	65222	X		P	0	8	1	0	7	0	8			0
548		76519	X		XXX	0	20	13	0	7	-	-			0
512	9	67141	X	X	G	3	10	0	3	7	7	1			0-4(4)
516		67108		X	G	5	16	0	11	5	16	0			2-5(5)
540	10	67010		X	G	4	5	0	5	0	5	0			4-7.5(4)

Prioritization List and Suggested Family Groupings
CPEP 6: Radiology

		Reference Service					Family Characteristics								
Family Number	Priority Order/ Group #	Reference Service	Sites Costed		Worksheet	# POV	# of codes	Sites to be Costed			Worksheet Types				#POV (generally)
			In	Out				# In	# Out	# Both	#G	#P	#PA	#M	
632	1	74280	X	X	P	0	15		3	12		15			0
628	2	72148	X	X	P	0	34			34		34			0
624	3	70470	X	X	P	0	42		7	35		42			0
620	4	74400	X	X	P	0	73		25	48		73			0
600	5	71020	X	X	P	0	124	1	15	108		124			0
604	6	76091	X	X	P	0	1			1		1			0
612	7	76700	X	X	P	0	44		3	41		44			0
608	8	76805	X	X	P	0	4			4		4			0
616	9	62284		X	P	0	9		3	6		9			0
		72265		X	P	0	9		3	6		9			0
640	10	36200		X	P	0	68		62	6	1	67			4
		75625		X	P	0	68		62	6	1	67			4
644	11	78215	X	X	P	0	54	2	13	39		54			0
648	12	78306	X	X	P	0	23		12	11		23			0
652	13	78596		X	P	0	27		13	14		27			0
636	14	78465	X	X	P	0	14		1	13		14			0
656	15	79000	X	X	P	0	12		4	8		12			0
664	16	77290	X	X	P	0	20	2		18		20			0

Prioritization List and Suggested Family Groupings
CPEP 6: Radiology

		Reference Service					Family Characteristics							
Family Number	Priority Order/ Group #	Reference Service	Sites Costed		Worksheet	# POV	# of codes	Sites to be Costed			Worksheet Types				#POV (generally)
			In	Out				# In	# Out	# Both	#G	#P	#PA	#M	
660	17	77413	X		P	0	38	13	5	20	11	27			Not available all 90-days
		77430	X	X	P	0	38	13	5	20	11	27			Not available all 90-days
800	18	4700		X	P	0	17	2	6	9	3	14			1
1312	19	35474		X	P	0	52		52		1	51			3

Prioritization List and Suggested Family Groupings
CPEP 7: Evaluation and Management

		Reference Service					Family Characteristics							
Family Number	Priority Order/ Group #	Reference Service	Sites Costed		Worksheet	# POV	# of codes	Sites to be Costed			Worksheet Types			#POV (generally)
			In	Out				# In	# Out	# Both	#G	#P	#PA	#M	
708	1	99222		X	M	--	6		6					6	--
712		99232		X	M	--	7		7					7	
716		99291		X	M	--	5		2	3				5	--
720		99283		X	M	--	5		4	1				5	--
732	2	99342		X	M	--	5		5					5	--
736		99352		X	M	--	5		5					5	--
752	3	90830	X	X	P	--	13	6		7		8			--
392	4	29405	X	X	P	--	56	11	1	44	3	53	--	--	4
748	5	90844	X	X	P	--	17		1	16					--
1052	6	94664	X		P	--	9		1	5					--
1332	7	93000	X		P	--	14	3	5	5					
724	8	99253		X	M	--	13		7	6				13	--
728		99243	X	X	M	--	4			4				4	--
700	9	99203	X	X	M	--	12	5	1		--	--	--	12	--
704		99213	X		M	--	17	7		2				17	--
1013	10	86580	X		P	--	4	3		1					--
740	11	99302		X	M	--	2		2					2	--
744		99312		X	M	--	2		2					2	
756	12	90870		X	P	--	1		1			1			--

Prioritization List and Suggested Family Groupings
CPEP 8: General Surgery

		Reference Service					Family Characteristics								
Family Number	Priority Order/ Group #	Reference Service	Sites Costed		Worksheet	# POV	# of codes	Sites to be Costed			Worksheet Types				#POV (generally)
			In	Out				# In	# Out	# Both	#G	#P	#PA	#M	
828	1	49505		X	G	2	29		29		28	1			2-4
808	2	19240		X	G	6	29	0	26	3	28	1			3-5
804	3	19120		X	G	2	8	1	2	5	2	6			2
852	4	44140		X	G	3	4		4		4	1			4
856	5	44143		X	G	4	14		14		14				4-6
824	6	44120		X	G	3	34		33	1	31	3			3-4
820	7	43610		X	G	4	39		39		38	1			4-5
1116	8	45378		X	P	0	16		13	3		16			0
860	9	56341		X	G	3	14		11	3	12	2			2-3
436	10	56300		X	G	1	8		8		6	2			1
892	11	43760		X	P	0	7		3	4	5	2			1
812	12	43324		X	G	4	40		37	3	39	1			3-4
816	13	39502		X	G	3	8		8		8				3
832	14	44950		X	G	2	25		25		22	3			3
836	15	47610		X	G	3	4		4		4				3-4
840	16	47780		X	G	4	31		31		30	1			3-4
844	17	48150		X	G	5	10		10		9	1			5
848	18	48140		X	G	4	17		17		16	1			3-5
800	19	4700		X	P	0	18	2	6	10	3	15			1

Prioritization List and Suggested Family Groupings
CPEP 8: General Surgery

		Reference Service					Family Characteristics								
Family Number	Priority Order/ Group #	Reference Service	Sites Costed		Worksheet	# POV	# of codes	Sites to be Costed			Worksheet Types				#POV (generally)
			In	Out				# In	# Out	# Both	#G	#P	#PA	#M	
896	20	32020		X	P	0	17		11	6	1	16			0
864	21	46221	X		G	1	34	6	3	25	32	2			1-3
868	22	46260		X	G	3	44		34	10	44				3-4
872	23	45110		X	G	6	20		20		20				4-5
884	24	60240		X	G	2	22		21	1	21	1			3-5
880	25	38770		X	G	3	10		10		7	3			3-5
876	26	38745		X	G	3	14		10	4	13	1			3-4
888	27	50360		X	G	9	10		10		9	1			3-10
1200	28	36830		X	G	1	35		32	3	30	5			3
1208	29	35301		X	G	2	145		143	2	142	3			3-4
		35585		X	G	3	145		143	2	142	3			3-4
1228	30	32480		X	G	2	75		70	5	73	2			2-4
220	31	54520		X	G	2	42		31	11	41	1			2-3
700	32	99203	X		M	0	12	11	1					12	0
704	33	99213	X		M	0	17	15	2					17	0
712	34	99232		X	M	0	7		7					7	0
724	35	99253		X	M	0	13		7	6				13	0
728	36	99243	X	X	M	0	4			4				4	0

Prioritization List and Suggested Family Groupings
CPEP 10: Miscellaneous Internal Medicine

		Reference Service					Family Characteristics							
Family Number	Priority Order/ Group #	Reference Service	Sites Costed		Worksheet	# POV	# of codes	Sites to be Costed			Worksheet Types			#POV (generally)
			In	Out				# In	# Out	# Both	#G	#P	#M	
1008	1	85095	X	X	XXX	0	3	0	2	1	0	0		0
1012	2	95024	X		XXX	Not Avail.	14	13	0	1	0	0		0
1013		86580	X		XXX	Not Avail.	4	3	0	1				Not Avail.
1016		95165	X		XXX	0	7	7	0	0				0
1020		95115	X		XXX	Not Avail.	2	1	0	1	0	0		0
1040*	3	95900	X	X	XXX	0	17	0	2	15	0	0		0
1044*		95819	X	X	XXX	0	14	0	5	8	0	0		0
1048*		95951		X	XXX	0	10	0	4	6	0	0		0
1340	4	93015	X		XXX	0	4	0	2	2	0	0		0
704	5	99213	X		XXX	0	17	8	0	2	0	0		0
712		99232		X	XXX	0	7	0	7	0	0	0		0
724		99253		X	XXX	0	13	0	7	6	0	0		0
896	6	32020		X	G	0	17	0	11	6	1	13		0-2(0)
1000		36000	X	X	XXX	0	13	3	0	10	0	2		0
1004		62270	X	X	P	0	1	0	1	0	0	1		0
1024	7	90780	X		XXX	Not Avail.	2	1	0	1	0	1		0
1028		96410	X		XXX	Not Avail.	16	12	0	4	0	4		0
1032	8	36430	X		XXX	Not Avail.	10	1	6	3	1	2		0-1(0)
1036		90921	X	X	XXX	0	9	0	6	3	0	5		0

Prioritization List and Suggested Family Groupings
CPEP 10: Miscellaneous Internal Medicine

		Reference Service					Family Characteristics							
Family Number	Priority Order/ Group #	Reference Service	Sites Costed		Worksheet	# POV	# of codes	Sites to be Costed			Worksheet Types			#POV (generally)
			In	Out				# In	# Out	# Both	#G	#P	#M	
1052	9	94664	X		XXX	Not Avail.	9	3	1	5	0	0		0
1056		94656		X	XXX	0	3	1	2	0				
1060		31622		X	P	0	16	0	10	6	0	16		0
1064		94010	X	X	XXX	0	26	1	4	21	0	0		0

Notes:

Not all codes accounted for in sites to be costed columns. Site-of-service to be determined by panel.

Prioritization List and Suggested Family Groupings
CPEP 11: Gastroenterology

		Reference Service					Family Characteristics								
Family Number	Priority Order/ Group #	Reference Service	Sites Costed		Worksheet	# POV	# of codes	Sites to be Costed			Worksheet Types				#POV (generally)
			In	Out				# In	# Out	# Both	#G	#P	#PA	#M	
1124	1	45330	X	X	P	0	18		4	14		18			0
1116	2	45378		X	P	0	16		13	3		16			0
1108	3	43239		X	P	0	10		6	4		10			0
1112	4	43246		X	P	0	39		38	1	1	38			0-1
1128	5	43260		X	P	0	26		26		3	23			3
1104	6	43450	X	X	P	0	3		3			3			0
1100	7	91010	X	X	P	0	23		6	17		23			0
1120	8	46600	X		P	0	8			8	1	7			0-1
704	9	99213	X		M	0	17	15		2				17	0
712	10	99232		X	M	0	7		7					7	0
724	11	99253		X	M	0	13		7	6				13	0
728	12	99243	X	X	M	0	4			4				4	0

Prioritization List and Suggested Family Groupings
CPEP 12: Cardiothoracic and Vascular

		Reference Service					Family Characteristics								
Family Number	Priority Order/ Group #	Reference Service	Sites Costed		Worksheet	# POV	# of codes	Sites to be Costed			Worksheet Types				#POV (generally)
			In	Out				# In	# Out	# Both	#G	#P	#PA	#M	
1200	1	36830		X	G	1	35		32	3	30	5			3-4
1208	2	35301		X	G	2	145		143	2	142	3			3-4
		35585		X	G	3	145		143	2	142	3			3-4
1212	3	36535	X	X	G		8		6	2	6	2			1-3
1204	4	37720		X	G	3	13	1	8	4	13				2-3
1220	5	33518		X	G		15		15		14	1			2, Several not available
1216	6	33405		X	G	2	70		64	6	67	3			2
1232	7	32602		X	P	0	22		22		17	5			2
1228	8	32480		X	G	2	75		70	5	73	2			2-4
1320	9	33208		X	G	1	31		31		29	2			2
1312	10	35474		X	P	0	53		53		1	52			0 (1 has 3)
1224	11	33692		X	G	2	80		71	9	80				2
1060	12	31622		X	P	0	16		10	6		16			0
816	13	39502		X	G	3	8		8		8				3
812	14	43324		X	G	4	40		37	3	39	1			3-5
704	15	99213	X		M	0	17	15		2				17	0
724	16	99253		X	M	0	13		7	6				13	0
728	17	99243	X	X	M	0	4			4				4	0

Prioritization List and Suggested Family Groupings
CPEP 13: Cardiology

		Reference Service					Family Characteristics							
Family Number	Priority Order/ Group #	Reference Service	Sites Costed		Worksheet	# POV	# of codes	Sites to be Costed			Worksheet Types			#POV (generally)
			In	Out				# In	# Out	# Both	#G	#P	#M	
1316	1	31500		X	P	0	3	0	3	0	0	3		0
1320	2	33208		X	G	1	31	0	31	0	29	4		0-4(2)
1348	3	93736	X	X	XXX	0	8	0	0	8	0	1		0
1352		93620		X	P	Not Avail.	23	0	21	2	0	23		0
704	4	99213	X		XXX	0	17	7	0	2	0	0		0
712		99232		X	XXX	0	7	0	7	0	0	0		0
724		99253		X	XXX	0	13	0	7	6	0	0		0
728		99243	X	X	XXX	0	4	0	0	4	0	0		0
1344	5	93224	X		XXX	0	31	9	2	12	0	0		0
1308	6	92982		X	P	0	13	0	10	2	4	5		0
1312		35474		X	P	0	54	0	54	0	1	34		0-3(0)
1300	7	36489		X	P	0	5	0	4	1	0	5		0
1304		93510		X	P	0	23	0	23	0	0	20		0
1324	8	93798	X	X	P	0	1	0	0	1	0	1		0
1332		93000	X		XXX	0	14	4	5	5	0	0		0
1336		93307	X	X	XXX	0	12	0	3	9	0	0		0
1340		93015	X		XXX	0	4	0	2	2	0	0		0
636	9	78465	X	X	XXX	0	14	0	1	13	0	0		0

Notes:
Not all codes accounted for in sites to be costed columns. Site-of-service to be determined by panel.

Prioritization List and Suggested Family Groupings
CPEP 14: Anesthesiology and Pathology

		Reference Service					Family Characteristics								
Family Number	Priority Order/ Group #	Reference Service	Sites Costed		Worksheet	# POV	# of codes	Sites to be Costed			Worksheet Types				#POV (generally)
			In	Out				# In	# Out	# Both	#G	#P	#PA	#M	
1420	1	88342		X	PA	0	8	0	3	5			8		0
1400	2	85060		X	PA	0	24	0	20	4			24		0
1404		88307		X	PA	0	15	0	6	8		1	14		0
1408		88305	X	X	PA	0	10	0	6	4			10		0
1428	3	00562		X	P	0	252	0	248	4		251			0
		01210		X	P	0									
1432		62278	X	X	P	0	43	0	4	39	8	35			1
716	4	99291		X	M	0	5	0	2	3				5	0
1412	5	88108		X	PA	0	8	0	3	5			8		0
1416		88151	X	X	PA	0	2	0	0	2			2		0

Notes:
Not all codes accounted for in sites to be costed columns. Site-of-service to be determined by panel.

Prioritization List and Suggested Family Groupings
CPEP15: Neurosurgery

		Reference Service					Family Characteristics								
Family Number	Priority Order/ Group #	Reference Service	Sites Costed		Worksheet	# POV	# of codes	Sites to be Costed			Worksheet Types				#POV (generally)
			In	Out				# In	# Out	# Both	#G	#P	#PA	#M	
1500	1	61154		x	G	2.5	14	0	14	0	10	2			1.5
1536		64610		x	G	1	18	2	14	12	8	10			0-2(0)
1528	2	62223		x	G	3	48	5	37	5	46	0			0-2.5(2)
1524	3	64721		x	G	3	76	0	51	25	61	2			0-4(2.5)
1520		64861		x	G	3	11	0	10	1	11				2-4(2)
364	4	22842		x	G	0	56	0	51	5	49	3			1-5(3)
1512		63276		x	G	2.5	40	0	38	2	39				0-3(2.5)
1516		63030		x	G	3	47	0	44	3	34	0			0-3(2.5)
704	5	99213	x		M	0	17	7	0	2				17	0
724		99253		x	M	0	13	0	7	6				13	0
728		99243	x	x	M	0	4	0	0	4				4	0
1504	6	61312		x	G	4	57	1	54	1	57				2.5
1508	7	61700		x	G	4	66	0	59	5	61				0-6.5(2.5)
616	8	62284		x	P	0	10	0	4	6		2			0

Notes:
Not all codes accounted for in sites to be costed columns. Site-of-service to be determined by panel.

Codes Profiled by Follow-up Interviews

CPEP	Family	No. of Codes Profiled by Interviews	CPT/HCPCS Code Number	CPT/HCPCS Code Descriptor
1 Integumentatry and Physical Medicine	104	1	M0101	Cutting or removal of corns
5 Ophthalmology	528	1	65235	Remove foreign body from eye
5 Ophthalmology	552	1	92260	Ophthalmoscopy/dynamometry
6 Radiology	600	1	R0075	Transport portable x-ray
6 Radiology	660	1	77470	Special radiation treatment
6 Radiology	664	3	77261	Radiation therapy planning
			77262	Radiation therapy planning
			77263	Radiation therapy planning
6 Radiology	1332	1	R0076	Transport portable EKG
7 Evaluation and Management	1332	3	93220	Vectorcardiogram
			93221	Vectorcardiogram tracing
			93278	ECG/signal-averaged
8 General Surgery	800	1	67415	Aspiration orbital contents
8 General Surgery	812	1	43300	Repair of esophagus
9 Otolaryngology	900	4	21300	Treatment of skull fracture
			21310	Treatment of nose fracture
			21400	Treat eye socket fracture
			21450	Treat lower jaw fracture
9 Otolaryngology	912	3	30120	Revision of nose
			30580	Repair upper jaw fistula
			30600	Repair mouth/nose fistula
9 Otolaryngology	940	3	31820	Closure of windpipe lesion
			31825	Repair of windpipe defect
			31830	Revise windpipe scar
10 Miscellaneous Internal Medicine	1013	1	86580	TB intradermal test
10 Miscellaneous Internal Medicine	1064	28	89350	Sputum specimen collection
			94010	Breathing capacity test
			94060	Evaluation of wheezing
			94070	Evaluation of wheezing
			94150	Vital capacity test
			94160	Vital capacity screening
			94200	Lung function test (MBC/MVV)
			94240	Residual lung capacity
			94250	Expired gas collection
			94260	Thoracic gas volume
			94350	Lung nitrogen washout curve
			94360	Measure airflow resistance
			94370	Breath airway closing volume
			94375	Respiratory flow volume loop
			94400	CO2 breathing response curve
			94450	Hypoxia response curve
			94620	Pulmonary stress testing

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Codes Profiled by Follow-up Interviews

CPEP	Family	No. of Codes Profiled by Interviews	CPT/HCPCS Code Number	CPT/HCPCS Code Descriptor
10 Miscellaneous Internal Medicine (Cont'd)	1064	28	94680	Exhaled air analysis: O2
			94681	Exhaled air analysis: O2,CO2
			94690	Exhaled air analysis
			94720	Monoxide diffusing capacity
			94725	Membrane diffusion capacity
			94750	Pulmonary compliance study
			94760	Measure blood oxygen level
			94761	Measure blood oxygen level
			94762	Measure blood oxygen level
			94770	Exhaled carbon dioxide test
			94772	Breath recording, infant
12 Cardiothoracic and Vascular	812	1	43300	Repair of esophagus
12 Cardiothoracic and Vascular	1204	2	30915	Ligation nasal sinus artery
			30920	Ligation upper jaw artery
13 Cardiology	1308	1	92977	Dissolve clot, heart vessel
13 Cardiology	1336	4	76826	Echo exam of fetal heart
			76827	Echo exam of fetal heart
			76828	Echo exam of fetal heart
			93350	Echo exam of heart
13 Cardiology	1344	1	93210	Intracardiac phonocardiogram
14 Anesthesiology/Pathology	1432	44	62274	Inject spinal anesthetic
			62275	Inject spinal anesthetic
			62276	Inject spinal anesthetic
			62277	Inject spinal anesthetic
			62278	Inject spinal anesthetic
			62279	Inject spinal anesthetic
			62280	Treat spinal cord lesion
			62281	Treat spinal cord lesion
			62282	Treat spinal canal lesion
			62288	Injection into spinal canal
			62289	Injection into spinal canal
			62298	Injection into spinal canal
			64400	Injection for nerve block
			64402	Injection for nerve block
			64405	Injection for nerve block
			64408	Injection for nerve block
			64410	Injection for nerve block
			64412	Injection for nerve block
			64413	Injection for nerve block
			64415	Injection for nerve block
			64417	Injection for nerve block

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Codes Profiled by Follow-up Interviews

CPEP	Family	No. of Codes Profiled by Interviews	CPT/HCPCS Code Number	CPT/HCPCS Code Descriptor
14 Anesthesiology/Pathology (Cont'd)	1432	44	64418	Injection for nerve block
			64420	Injection for nerve block
			64421	Injection for nerve block
			64425	Injection for nerve block
			64430	Injection for nerve block
			64435	Injection for nerve block
			64440	Injection for nerve block
			64441	Injection for nerve block
			64442	Injection for nerve block
			64443	Injection for nerve block
			64445	Injection for nerve block
			64450	Injection for nerve block
			64505	Injection for nerve block
			64508	Injection for nerve block
			64510	Injection for nerve block
			64520	Injection for nerve block
			64530	Injection for nerve block
			64620	Injection treatment of nerve
			64622	Injection treatment of nerve
			64623	Injection treatment of nerve
			64630	Injection treatment of nerve
			64640	Injection treatment of nerve
			64680	Injection treatment of nerve

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